

Unannounced Care Inspection Report 17 December 2018



Direct Medics Ltd

Type of Service: Nursing Agency
Address: 33a Stockmans Lane, Belfast, BT9 7ET
Tel No: 02890 590077
Inspector: Michele Kelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

Direct Medics Ltd nursing agency operates from premises on Stockman's Way in Belfast. The agency currently supplies 45 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

Organisation/Registered Provider: Direct Medics Responsible Individual: Mr Paul Owen Mulvenna	Registered Manager: Mrs Jean Margaret Knapton
Person in charge at the time of inspection: Mrs Jean Margaret Knapton	Date manager registered: 9 May 2016

4.0 Inspection summary

An unannounced inspection took place on 17 December from 10.00 to 15.15.

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 training and recruitment and was supported by a review of records on the day of inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Jean Knapton, registered manager and the recruitment director 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 26 October 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 October 2017.

5.0 How we inspect

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

- discussion with the registered manager, responsible individual and recruitment staff.
- 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:

- recruitment records
- staff induction and training records
- staff NMC checking process
- records relating to staff supervision and appraisal
- monthly quality monitoring reports
- annual quality process
- complaints/ compliments records
- safeguarding records
- incident records
- Statement of Purpose
- Service User Guide

A range of policies and procedures viewed during the inspection were noted to have been issued or reviewed within the timescales detailed in the minimum standards

Areas for improvement identified at the last care inspection were reviewed as part of this inspection and assessment of compliance recorded as 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 26 October 2017

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

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

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 12 (1) (d) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of three staff recruitment records during inspection supported compliance with Regulation 12(1) (d).	
Area for improvement 2 Ref: Regulation 20(1)(2)(3) Stated: First time	20.—(1) The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency. (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. (3) The system referred to in paragraph (1) shall provide for consultation with service users and persons acting on behalf of service	Met
	Action taken as confirmed during the inspection: The agency has been submitting comprehensive monthly monitoring reports to RQIA. The inspector is satisfied that the agency has established robust quality monitoring processes.	

Action required to ensure compliance with The Nursing Agencies Minimum Standards 2008		Validation of compliance
Area for improvement 1 Ref: Standard 10.1 Stated: Second time	<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>	Met
	<p>Action taken as confirmed during the inspection: Evidence of satisfactory service user quality monitoring processes and responses were viewed by the inspector on the day of inspection.</p>	
Area for improvement 2 Ref: Standard 1.13 Stated: Second time	<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>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed the June 2018 annual report and was satisfied that it was in compliance with Standard 1.13.</p>	
Area for improvement 3 Ref: Standard 14.1 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: The revised policy and procedure in respect of Safeguarding is in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p>	

6.3 Inspection findings

6.4 Is care safe?

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

The inspector reviewed staffing arrangements in place within the agency.

Procedures for ensuring that required staff pre-employment checks are completed prior to commencement of employment are in place. The inspector advised that the policy on recruitment be updated to reflect the recruitment of nurses. Following the inspection the revised policy was emailed to the inspector. The agency retains a record of checks completed; the recruitment director and manager stated that the information is reviewed and verified by the manager. The recruitment director and manager stated that registered nurses are not provided until all pre-employment checks have been satisfactorily completed and verified. Staff recruitment records viewed indicated that required checks had been completed and that the agency's recruitment process is robust. Staff are required to undergo annual Access NI checks.

The agency requires registered nurses to complete an induction and in addition to complete training in a range of mandatory areas prior to their commencement of employment. The agency requires that staff also receive an induction at the commencement of a work placement and registered nurses are provided with a checklist for completion. Staff are provided with induction information which was noted to include the agency's staff handbook, a job description, key policies and details relating to booking and cancellation of shifts.

The agency's supervision and appraisal policies outline the processes for staff supervision and appraisal; the manager stated that registered nurses are requested to participate in supervision following employment in addition staff are required to complete an annual appraisal. Records of staff supervision and appraisal indicated that staff had been advised of supervision and appraisal dates in accordance with the agency's procedures.

The agency has a system for recording training completed by staff and for highlighting training required; it was noted that the registered manager will inform registered nurses when training updates are required. The manager stated that registered nurses are not provided with work placements if annual training updates have not been completed; the staff training records reviewed by the inspector confirmed this.

The inspector reviewed the agency's provision for the welfare, care and protection of patients. It was identified that the agency's policy and procedures reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015. The registered manager is the identified Adult Safeguarding Champion (ASC).

Registered nurses employed by the agency are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction and in the agency's staff handbook. It was identified from discussions during inspection and documentation viewed

that staff are required to complete adult safeguarding training during their initial induction and in addition an annual update. Training records viewed indicated that staff had completed appropriate training in relation to adult protection.

The manager could describe the procedure for reporting any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they are required to be involved in. It was noted that the monthly quality monitoring audit, reviews referrals made in relation to adult protection.

The inspector reviewed records maintained in relation to safeguarding vulnerable adults; discussions with the manager and documentation viewed indicated that the agency has acted in accordance with their policies and procedures in relation to adult safeguarding referrals made since the previous inspection.

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

The manager could describe the procedure for appropriately matching the individual skills of the registered nurses employed for the needs of the service users; this includes the completion of a skills and experience profile during the interview process. This information is stored on the agency's electronic system. The process for appropriately assessing the requirements of individual service users was also described; it was noted that this process also included assessing the knowledge, skills, training, experience and suitability of the nurse to be provided.

The agency has a system for monitoring and recording the registration status of nurses with the NMC; the manager could describe the process for checking the NMC register on a monthly basis to ensure all staff are registered and to identify if any staff have been removed from or had conditions placed on their registration. The agency retains details of individual staff registration status and expiry dates.

The agency requests that service users complete feedback reports in relation to the performance of registered nurses provided and the manager highlighted the challenges in receiving feedback and the methods used to engage with service users. The inspector noted improvements in this aspect of quality monitoring since the last inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and training.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed the agency's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose and Service User Guide.

Discussions on the day of inspection and documentation viewed provided evidence that the agency has effective systems in place to continually monitor, audit and review the effectiveness and quality of the service provided to service users. The systems include processes for the review of training compliance, registered nurses' registration status with the NMC, audits of complaints, incidents and referrals relating to adult protection. The registered manager and the recruitment director meet weekly to discuss the effectiveness of the service provided and to review any identified matters of concern.

Weekly and monthly quality monitoring audits are completed and a monthly report developed. The reports contain details of the review of incidents, complaints and safeguarding referrals. It includes comments made by service users and relevant stakeholders in relation to the quality of the service provided.

Systems to promote and achieve effective communication with service users, the agency's registered nurses and other relevant stakeholders were evident on inspection. Discussions with the manager and recruitment director provided evidence that the agency seeks to develop and maintain effective working relationships with service users. The agency has systems in place for obtaining the comments of service users in relation to staff provided; they include staff feedback forms and an annual stakeholder survey.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The agency's staff handbook and information provided to all staff during their initial induction includes a number of key policies including the agency's confidentiality policy. The agency's policy relating to confidentiality outlines the actions required by staff to ensure confidentiality is maintained at all times.

The agency has systems for obtaining the views of service users in relation to staff performance; it includes requesting that service users complete a performance monitoring questionnaire for staff provided to work. The inspector viewed a range of feedback received by the agency and comments were noted to be very positive. The manager and recruitment director described the processes and challenges regarding engaging with service users in order to obtain feedback; this includes questionnaires and calls to the service users to obtain their views as to the quality of the service provided.

Formal processes to record and respond to service user feedback are maintained through the agency's complaints process and annual survey.

Discussions with the manager during the inspection indicated that the promotion of values such as dignity, choice, equality 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; staff are provided with a copy during the induction process.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed the agency's management and governance systems in place to meet the needs of service users. The agency has a range of policies and procedures in place which were noted to have been reviewed annually and updated in accordance with the Minimum Standards, relevant legislation and guidelines. Policies are stored electronically and staff are provided with a number of key policies during induction.

Discussions with the manager and recruitment director and documentation viewed indicated that the agency's governance arrangements promote the identification and management of risk. These include the provision of relevant policies and procedures, ongoing monitoring of staff training, registration status of staff with the NMC, complaints, safeguarding incidents, accidents and incidents notifiable to RQIA.

The agency's complaints policy details the process and timescales for managing complaints; records viewed indicated that the agency has managed complaints received in accordance with their procedures. The manager indicated that they had a clear understanding of the agency's complaints procedure and the process for effectively managing complaints. The agency has a robust process for recording details of complaints received and the actions taken, and for reviewing complaints on a monthly basis.

The agency's incident policy details the procedure for managing incidents and the reporting arrangements for RQIA and other relevant agencies. The agency retains a record of incidents and of actions taken and matters discussed with the inspector confirmed appropriate responses had been taken.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are kept under review.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

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.



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