

# Unannounced Nursing Agency Inspection Report 20 March 2017



## Direct Medics Ltd

**Address: 33a Stockmans Way, Belfast, BT9 7ET**  
**Tel No: 02890590077**  
**Inspector: Amanda Jackson**

## 1.0 Summary

An unannounced inspection of Direct Medics Ltd took place on 20 March 2017 from 09.15 to 16.00 hours.

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

### **Is care safe?**

The agency operates recruitment systems to ensure sufficient supply of appropriately skilled and competent staff at all times. Review of one staff record evidenced gaps in recruitment practice; a requirement has been stated. The agency's provision for the training needs of staff has been assessed to be in compliance with the minimum standards. Staff supervision and appraisals were reviewed to be not fully compliant with the agency procedures; requirements for both matters have been stated. The welfare, care and protection of service users is ensured through identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the service users and HSC Trust representatives. The agency has systems in place to ensure the identification, prevention and management of risk whilst promoting the human rights and independence of service users. It was noted that the agency is responsive to the requirements of service users.

### **Is care effective?**

The inspector saw evidence of the implementation of quality monitoring. The agency has in place a system for review and monitoring the quality of care in conjunction with service users but this was not found to be in compliance with the agency policy and procedure; a recommendation has been stated. There are systems in place to effectively communicate with service users; this was verified by three service users and two staff who spoke with the inspector.

### **Is care compassionate?**

The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes. The agency has systems in place for obtaining and responding to the views and opinions of service users. It was noted from discussions with two staff members and three service users that the agency seeks to obtain and value the views of service users. This feedback supported positive outcomes for service users. The agency has a system in place to monitor and manage the performance of nursing staff, review of quality monitoring in line with the agency's own policy and procedure has been recommended. The agency's quality monitoring systems include consultation with service users.

### **Is the service well led?**

The agency has in place management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and manager undertake their responsibilities in order to promote effective service delivery and operate the agency in accordance with the regulatory framework. A number of

areas for review have been required. Evidence of effective working partnerships with service users, HSC Trust representatives and other external stakeholders was evident during the inspection. Three service users provided satisfactory feedback regarding the management of issues should they arise.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005, the Nursing Agencies Minimum Standards, 2008 and previous inspection outcomes and any information we have received about the service since the previous inspection

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	2

Details of the QIP within this report were discussed with the recruitment director and recruitment consultant as part of the inspection process. The timescales for completion commence from the date of inspection.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 19 October 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Direct Medics Ltd/Mr Paul Owen Mulvenna	<b>Registered manager:</b> Mrs Jean Margaret Knapton
<b>Person in charge of the agency at the time of inspection:</b> Recruitment Director	<b>Date manager registered:</b> 09 May 2016

### 3.0 Methods/processes

Prior to inspection the inspector analysed 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.

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

- Discussion with the recruitment director and recruitment consultant
- Consultation with two nursing staff
- Consultation with three service users
- Examination of records
- File audits
- Evaluation and feedback.

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

During the inspection the inspector met the recruitment director and recruitment consultant.

During the day of inspection the inspector spoke with two nursing staff and three service users to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Feedback is contained within the body of this report.

The recruitment director was provided with ten questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. No staff questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- International recruitment of nurses policy and procedure
- Matching skills and expertise of nurses to the requirements of placements policy and procedure
- Induction procedure
- Policy on orientation and induction for newly appointed agency staff
- Three staff recruitment records
- Three staff induction and training records
- Staff training and development policy
- Four long term staff training records
- Staff appraisal policy
- Three staff supervision and appraisal records
- Policy on review and reassessment of nurses
- Staff records policy
- Policy on completion of case records (patient records)
- Policy on management of records
- Confidentiality policy
- Disciplinary, dismissal and grievance policy
- Management, control and monitoring of the nursing agency policy
- Policy on obtaining comments from people who use the service
- Policy on quality improvement
- A range of staff quality monitoring records

- Safeguarding adults and children policy and procedure
- Whistleblowing policy and procedure
- Three monthly monitoring reports by registered person
- A range of staff monthly NMC checks
- Statement of purpose
- Staff handbook
- Reporting, recording and notifying accidents, incidents, infectious diseases and deaths policy
- Complaints policy
- Two complaints records.

**4.0 The inspection**

Direct Medics Ltd nursing agency operates from premises on Stockman’s Way in Belfast. The agency currently supplies 30 registered nurses into a range of 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.

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

**4.1 Review of requirements and recommendations from the most recent inspection dated 19 October 2015**

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the inspector.

**4.2 Review of requirements and recommendations from the last care inspection dated 19 October 2015**

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 12(1)(b) <b>Stated:</b> First time	The registered person shall ensure that no nurse is supplied by the agency unless – (b)he has the qualifications, knowledge, skills and competence which are necessary for the work which he is to perform.  As discussed within theme one of the previous report (Is care safe section) regarding medication and first aid mandatory training for nursing staff and regarding practical aspects to training in the areas of medication and manual handling.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Review of four long term staff training records	

	confirmed compliance with Regulation 12(1)(b) and requirement one.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 14(2)(a) <b>Stated:</b> First time	<p>The registered person shall ensure that each employee of the agency receives appropriate supervision.</p> <p>As discussed within theme one of the previous report (Is care safe section) and in line with the agency supervision and appraisal policy.</p> <p><b>Action taken as confirmed during the inspection:</b>  Review of four long term staff records did not support a process of staff supervision in accordance with the agency policy and procedure timeframes, however a number of the records reviewed had evidence of occasional supervision. This requirement has been restated for review by the agency in accordance with the agency's policy on staff supervision.</p>	<b>Partially Met</b>

### 4.3 Is care safe?

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 recruitment director and recruitment consultant 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 NMC checking and a second reference. The recruitment director and recruitment consultant advised that both matters had been obtained but due to a change in the agency information system the details of these checks could not be located for inspection purposes. 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 recruitment director and recruitment consultant and a requirement has been made in this report.

The recruitment director and recruitment consultant 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 induction for three staff members recently recruited outlined the training provided during the induction period. Staff 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 not completed in accordance with the agency's procedural timeframes; a requirement has been restated following the last inspection. The agency undertake staff appraisals on an annual basis and this was confirmed within two of three staff files reviewed during inspection; a requirement has been made as the third staff member had not received appraisal since 2015 and no supervision had been carried out with the staff member in 2016. One staff member spoken with during inspection confirmed appraisal had taken place and although supervision had been offered by the agency the staff member had not availed of this offer. The second staff member spoken with had recently commenced employment with the agency and was not in a position to comment on supervision and appraisal at this point.

The inspector examined the agency's provision for the welfare, care and protection of service users. The recruitment director and recruitment consultant 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 recruitment director and recruitment consultant 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.

Three service users who spoke to 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 recruitment director and recruitment consultant 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 support regarding NMC revalidation (Nursing and Midwifery Council) and this was confirmed by the staff members spoken with during inspection.

The agency's staff handbook details the necessary actions staff are required to take in the event of suspected, alleged or actual incidents of abuse being identified and their responsibility in highlighting and raising concerns. Staff are provided with information in relation to the agency's safeguarding and whistleblowing policies (within the staff handbook) during their induction.

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 range of offices which are suitable for the operation of the agency as described in the Statement of Purpose. The recruitment director and recruitment consultant 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 inspector discussed the matter of updated

information systems whereby information may no longer be obtainable as discussed under recruitment (detailed above). The recruitment director and recruitment consultant provided assurances that future updates would include retention of all appropriate records.

The recruitment director and recruitment consultant 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.

Three service users spoken with during inspection stated they are not requested by the agency to complete quality assessments in relation to staff provided; the inspector viewed a number of records completed by the agency regarding feedback received from services about individual staff members. The records reviewed however were not found to be in compliance with the agency's own procedure on quality monitoring and this was discussed with recruitment director and recruitment consultant; a recommendation has been made.

#### **Service users' comments:**

- 'I have a good relationship with Direct Medics, the office staff are very professional and always communicate effectively and in a timely manner. Staff provided are skilled and competent.'
- 'Direct medics are my first point of contact.'

#### **Areas for improvement**

Four areas for improvement were identified during the inspection. The agency are required to review their recruitment practices in accordance with Regulation 12(1)(d). Staff supervision and appraisal also require review in line with Regulation 14(2)(a) and Regulation 18. Review of service quality has been recommended for review in line with Standard 10.1.

### **4.3 Is care effective?**

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.

The agency's policies on 'Management of records' which were viewed by the inspector clearly detail the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy. The inspector discussed the staff recruitment record (outlined under Is safe care above) which was not available for review, assurances were provided by the recruitment director and recruitment consultant that all records would be appropriately retained for future review.

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; a recommendation has been made.



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 inspector noted that the agency policy outlines requests that service users complete a quality monitoring record for each staff nurse provided. Records of audits viewed included the views of service users but not in line with the agency's policy and procedure as stated above. The recruitment director and recruitment consultant confirmed they are in contact with service users on an ongoing basis to obtain their views on the service provided, discussions with three service users confirmed good communication between the agency and the services but did not confirm receipt of quality monitoring forms provided by the agency in line with their policy and procedure, a communication system to record all contacts was discussed during inspection with the recruitment director and recruitment consultant.

Service users feedback is not currently contained in an annual satisfaction survey. The inspector discussed the inclusion of all stakeholders in the annual quality survey including staff and a recommendation has been made in this regard.

Service users spoken with during the inspection confirmed they are provided with details of the agency's complaints procedure and indicated that they are confident any matters arising would be handled appropriately. No matters have arisen within the services spoken with.

There was no clearly recorded evidence of systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders and this has been recommended under the previous paragraph. Discussion with three service users and two staff members confirmed appropriate communication processes are in place.

The recruitment director and recruitment consultant stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff provided; they could describe the process for engaging with service users with regard to receiving feedback as 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. Review of two matters relating to staff competence supported appropriate follow up procedures within the agency.

The recruitment director and recruitment consultant confirmed, when concerns relating to a staff member are identified the agency will address the concerns with the individual. Whilst this process is ongoing the manager confirmed the staff member may not be provided to work. Review of two matters in this respect during inspection, supported appropriate procedures carried out by the agency.

### **Service users commented:**

- 'Communication with the agency is very good and timely, we receive staff members who are generally skilled and competent.'
- 'Direct medics provide a good service.'

### **Areas for improvement**

Two areas for improvement were identified during the inspection in relation to Standard 1.13 and inclusion of all stakeholders in the annual quality survey alongside review of staff quality monitoring in line with the agency's policy and procedure.

#### 4.4 Is care compassionate?

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 inspection.

The agency has a process for obtaining the views of service users in relation to staff performance; the recruitment director and recruitment consultant 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 policy and procedure and a recommendation 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 receive appraisal and can speak with the registered manager or recruitment consultant at any time, the staff member stated supervision had been offered but not availed of by the staff member. The second staff member had recently commenced employment with the agency and hence could not comment on these processes to date.

Discussions with three service users and 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 service users spoken with confirmed staff members are competent and skilled and provide a good quality of care.

The recruitment director and recruitment consultant 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 and the staff handbook which details such information.

The agency has in place 'Supervision and appraisal procedures'; it was noted that staff are required to complete an annual appraisal and quarterly supervision. The recruitment director and recruitment consultant stated that training and development is discussed during the appraisal meeting and a plan developed to address identified training needs. The recruitment director and recruitment consultant 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 recruitment director and recruitment consultant 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.

The recruitment director and recruitment consultant 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 ensure that the views and opinions of service users are sought and taken into account, a recommendation to review this process has been stated above. Agency 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.

**Service users commented:**

- 'The staff we receive are skilled and competent.'

**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.

**4.5 Is the service well led?**

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. During the inspection the inspector viewed a number 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. Staff confirmed they can request policies if required and hold a range of policies within the staff handbook provided to them at induction to the agency.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency had received two complaints for the period 01 April 2015 to 31 March 2016. Discussion with the recruitment director and recruitment consultant indicated that the agency could deal with complaints received in accordance with their policy and procedures. Review of two complaints received since 31 March 2016 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 registered person. Records viewed provided evidence that staff supervision and appraisal was not in accordance with the agency policy and procedure; requirements have been made.

The agency delivers all mandatory training through their online and external training agency. The recruitment director and recruitment consultant stated that staff are required to complete training during their induction and ongoing annual updates in line with mandatory

requirements. It was confirmed by the recruitment director and recruitment consultant 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 three recently recruited staff members files confirmed partial compliance with the recruitment and training procedures. A requirement has been made 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 recruitment director and recruitment consultant 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. It was noted that at the commencement of employment staff are provided with a job description and a staff handbook which outline the roles and responsibilities of their individual job. In addition they are provided with information relating to the process for contacting their line manager. The agency retains a record to confirm staff have read and understood the agency's information provided to them during their induction programme and this was reviewed during inspection.

The registered manager has worked with RQIA during the past year to operate the service in accordance with the regulatory framework. The agency's Statement of Purpose is kept under review.

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

Discussion with the recruitment director, recruitment consultant and service users indicated that there are good working relationships with external stakeholders, including HSCT representatives. The service users could describe the process for contacting the agency's staff in relation to issues or concerns and indicated that no matters of concern have arisen. The service users 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 following staff placements; the inspector viewed feedback documentation received by the agency 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 office staff are very good at communicating with us in a timely and efficient manner.'

#### **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 appraisal.

## 5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the recruitment director and recruitment consultant as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [Agencies.Team@rqia.org.uk](mailto:Agencies.Team@rqia.org.uk) and assessed by the inspector.

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

## Quality Improvement Plan

### Statutory requirements

**Requirement 1**

**Ref:** Regulation 14(2)(a)

**Stated:** Second time

**To be completed by:** 20 June 2017

The registered person shall ensure that each employee of the agency receives appropriate supervision.

**Response by registered person detailing the actions taken:**

Company policy on the review and reassessment of nurses was reviewed and amended, aimed at a more realistic schedule for supervision (tied in with an annual appraisal schedule) whilst making regular supervision available to all nurses working regularly with the company.

The amended policy states:

Six months after registration, and annually thereafter: The Registered Manager carries out a supervision exercise with all candidates who have carried out at least sixty shifts in the previous six months. The supervision exercise is an opportunity for candidates to raise any concerns and provide feedback on clinical settings. Actions required to improve outcomes will be identified and reported to relevant staff at the company. Any specific support required will be identified and documented. Progress against these actions will be reviewed and documented at follow up supervision sessions.

The process for ensuring that supervision is offered to all relevant staff is as follows:

1. All newly-registered nurses are added to document NREC 1.10 Appraisal and Supervision Schedule. Supervision and appraisal dates are input at this time (supervision month set at six months after the registration date; appraisal month the same as registration month);
2. On 1st of each month, the Compliance Officer will review those due supervision or appraisal for the following month (ie on 1st April, review those due in May), to identify those nurses eligible to be supervised or appraised by the agency. Nurses to be supervised or appraised are identified as follows:
  - i. Supervision: nurses who have worked 60+ shifts for the agency in the six months preceding the due date are eligible for supervision;
  - ii. Appraisal: nurses who have carried out all or most of their work through the agency in the preceding year are eligible for appraisal (this is established via review of shifts booked and/or direct communication between the Compliance Officer and the nurse);
3. The Compliance Officer passes the names of eligible nurses to the Nurse Manager to complete the supervision or appraisal process;
4. Once complete, the Nurse Manager passes completed documents to the Compliance Officer for upload.

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 12(1)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With effect from the date of inspection 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> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Immediately following inspection an audit was scheduled aimed at identifying gaps in the recruitment process for current staff.</p> <p>Evidence examined to include name, address, date of birth and telephone number; name, address and telephone number of next of kin; proof of identity, including a recent photograph; details of any criminal offences; two written references relating to the person; documentary evidence of any relevant qualifications and training; a full employment history, together with a satisfactory written explanation of any gaps in employment and details of any current employment other than for the purposes of the agency; details of health record, including immunisation status; confirmation of current registration with the Nursing and Midwifery Council; details of any professional indemnity insurance; an enhanced criminal records certificates).</p> <p>The Agency will shortly begin an internal pilot whereby two new Recruitment Consultants in the division (both of whom are coming to the division from a healthcare compliance background) will take charge of their own compliance, with a monitoring system to be put in place to minimise risk.</p> <p>The Nursing Compliance Handbook was reviewed and expanded upon by the Compliance Manager, aimed at supporting the new Recruiters.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 June 2017</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> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Appraisals are undertaken with staff twelve months after initial registration, and annually thereafter. Staff are appraised if they have carried out all or most of their work through the Agency in the preceding year. The appraisal meeting itself is aimed at reconfirming the conclusions of the Registered Manager following the initial interview at registration stage, updating the information available to reflect the nurse's current preferences and suitability for work and to identify any desired areas for development. The outcome of the appraisal meeting is a Personal Development Plan for each nurse identifying their learning and development objectives for the coming year in agreement with the Registered Manager.</p>

	<p>Following inspection it was agreed that the Registered Manager would submit the PDP and any other relevant documentation immediately upon completion for upload to the company software, the 'back end' of which is a hosted SQL database. The 'front end' is a client-based UI which is accessible by relevant staff only via a hosted desktop environment, secured via individual encryption. As an extra check, the supervision and appraisal exercises completed each month are recorded in the monthly monitoring report and checked against the reports uploaded to ensure completion.</p>
<p><b>Recommendations</b></p>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 10.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With effect from the date of inspection and ongoing.</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>Response by registered person detailing the actions taken:</b></p> <p>The Agency had, prior to the inspection, a procedure in place for recording both written and verbal feedback (in reality, written feedback is rarely returned hence the arrangements for verbal feedback to be obtained and recorded). A gap in process was identified at inspection, whereby a Recruitment Consultant was obtaining feedback in lieu of their Compliance officer, and subsequently not recording it in accordance with complany policy and procedure.</p> <p>This has been addressed first via a review of the company procedure itself to ensure that it is realistic and fit for purpose. The policy in respect of service users is as follows:</p> <p>"Monitoring service user satisfaction is considered to be an important indicator as to whether the company is achieving its objectives in delivering a quality care service. The company will attempt to monitor this through the use of exit reports which will be distributed to service users after each member of staff has worked at the establishment. Completed exit reports are retained on the staff file and provided to the company's Nursing Manager as input into annual appraisal. In the event that the exit report provides information pertaining to a complaint or skills need, this information will be provided to the Nursing Manager for immediate attention and action under the relevant policy."</p> <p>The procedure for achieving the above was found to be sound upon review, and it was agreed that responsibility for obtaining feedback corectly should ultimately fall to Compliance. The Recruitment Consultant was also briefed on the importance of correcctly recording verbal feedback, and a section was created on the company's contact log aimed at making recording such infromation as convenient as possible.</p>



<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 1.13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 June 2017</p>	<p>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><b>Response by registered person detailing the actions taken:</b> Following the inspection the Agency reviewed its policy on monitoring and auditing the quality of service, to include an annual review of monitoring undertaken. The policy now reads as follows:</p> <p><b>POLICY ON THE MONITORING AND AUDITING THE QUALITY OF SERVICES</b></p> <p>The Quality Management System (QMS) for Direct Medics applies a succinct method of monitoring and controlling the quality of the company's processes by means of the procedures outlined in this manual as per the requirements of the ISO 9001:2008 standard for Quality Management Systems.</p> <p>Quality Procedures</p> <p>The Quality Management System is implemented using the following procedures:</p> <ul style="list-style-type: none"> <li>• Monitoring meetings – one per month, with stakeholders including the Registered Manager in attendance. The monitoring meeting includes a review of the previous month's performance using the following indicators: <ul style="list-style-type: none"> <li>i. New registration (pre and post-interview)</li> <li>ii. Service users engaged, and a summary of their feedback;</li> <li>iii. Nurses engaged, and a summary of their feedback;</li> <li>iv. Any incidents/complaints received and the outcome;</li> <li>v. Supervision and appraisal activities carried out</li> </ul> </li> </ul> <p>The RQIA nursing Agencies Minimum Standards are also reviewed (one part per month);</p> <ul style="list-style-type: none"> <li>• Management review meetings - one approximately every 6 months. The main objective of the meetings include Improving on the current processes; Annual targets progression, and resource planning;</li> <li>• Annual review: The quality of services provided is evaluated on an annual basis by collating the content of monthly monitoring meetings and involving the comments of key stakeholders including service users and nurses;</li> <li>• Annual internal audit - conducted against the ISO9001:2008 QMS standard requirements, aimed at ensuring that the quality management system is effective, against the requirements of the standard and planned procedures of the QMS. Areas for improvement are identified using non-conformities as triggers for corrective action and subsequent preventive action;</li> <li>• Departmental Quality Targets - financial targets set by the Managing Director annually, and the Recruitment Director in conjunction with the Division Head will create quality objectives that will be based on the pursuit of those financial targets.</li> </ul>
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	The first annual quality report is being completed presently and will be available for inspection by 20 <sup>th</sup> June 2017 if required.
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***\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\****



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