

Unannounced Care Inspection Report 30 January 2020



Just Nurses

Type of Service: Nursing Agency
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Tel No: 02895531831
Inspector: Bridget Dougan

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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

This is a nursing agency which supplies nurses to a range of healthcare settings including four Health and Social Care Trusts.

3.0 Service details

Organisation/Registered Provider: The Placement Group Responsible Individual: Mr Paul Carnera	Registered Manager: Mr Jose Loureiro
Person in charge at the time of inspection: Mr Jose Loureiro	Date manager registered: 19 November 2019

4.0 Inspection summary

An unannounced inspection took place on 30 January 2020 from 12.30 to 16.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of nursing agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Service users have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

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 recruitment, induction and training; the agency's quality monitoring process and maintaining good relationships with staff, service users and other relevant stakeholders.

Four areas for improvement were identified in relation to the recruitment policy, Statement of Purpose and Service User Guide, complaints policy and procedure and the management of staff supervision records.

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	4

Details of the Quality Improvement Plan (QIP) were discussed with Mr Jose Loureiro, manager, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 15 January 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 January 2019.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report and QIP
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

The inspector spoke with Mr Jose Loureiro, manager and the office manager during the inspection and four registered nurses following the inspection. Comments received are included within the body of the report.

The following records were examined during the inspection:

- A range of policies and procedures regarding recruitment, induction, staff supervision and appraisal, safeguarding adults, whistleblowing, record keeping, confidentiality and incidents management.
- Statement of purpose.
- Service user guide.
- Three staff members' recruitment records.
- Two staff members' induction records.
- Two staff members' training and competency assessment records
- Staff Nursing and Midwifery Council (NMC) registration checking process.
- A range of quality monitoring reports.
- Incidents.
- Quality audits and governance arrangements.

The findings of the inspection were provided to the manager and office manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 January 2019

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 15 January 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Minimum Standards 2008		Validation of compliance
Area for improvement 1 Ref: Standard 9 Stated: Second time	The registered person shall ensure the provision of staff update training in adult safeguarding to include the current Department of Health policy/procedures and named champion.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of training records evidenced that adult safeguarding training is completed by staff on an annual basis. Further training in the role of the adult safeguarding champion had been planned for all staff for the coming weeks.	
Area for improvement 2 Ref: Standard 6.1 Stated: First time	The registered person shall ensure a record is maintained of the induction provided to all staff.	Met
	Action taken as confirmed during the inspection: Review of a sample of two staff induction records evidenced that a record had been maintained of the induction provided.	
Area for improvement 3 Ref: Standard 6 Stated: First time	The registered person shall ensure that staff have been provided with one-to-one supervision at least three monthly, in accordance with the agency's supervision policy.	Met

	<p>Action taken as confirmed during the inspection: Review of a sample of staff supervision records, discussion with staff and the manager confirmed that staff have received six monthly supervisions and annual appraisal in accordance with the revised supervision policy.</p>	
<p>Area for improvement 4 Ref: Standard 6 Stated: First time</p>	<p>The registered person shall ensure that the system for monitoring staff training is sufficiently robust to ensure mandatory and other training requirements are met.</p> <p>Action taken as confirmed during the inspection: A sample of staff training records was reviewed and evidenced that staff had completed mandatory and other training. Staff confirmed that reminders are sent to them to complete any outstanding training and managers confirmed that staff are not permitted to work until this training has been completed. Weekly quality monitoring meetings are held with the responsible person to review compliance with mandatory and other training.</p>	<p>Met</p>
<p>Area for improvement 5 Ref: Standard 9 Stated: First time</p>	<p>The registered person shall ensure that the identified adult safeguarding champion is provided with training relevant to their role and responsibilities.</p> <p>Action taken as confirmed during the inspection: The manager confirmed that the deputy manager is the identified adult safeguarding champion and that she has completed training in November 2019, relevant to her role and responsibilities.</p>	<p>Met</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.

A team of 130 registered nurses are employed by the agency and work across four Health and Social Care Trusts. The manager confirmed that the agency does not provide services directly into patients' homes.

The agency's recruitment policy outlines the procedures for ensuring that the required staff pre-employment checks are completed prior to commencement of employment. It was observed that the recruitment policy and procedure (2016) had not been reviewed within the three year timescale identified in the Nursing Agencies Minimum Standards. An updated recruitment policy dated June 2019 was forwarded to RQIA by the deputy manager following the inspection. The deputy manager informed RQIA that the old policy which had not been archived had been stored next to the new policy. The manager must ensure that only the current policies and procedures are held on file and that older versions of documents are archived in accordance with the records management policy and procedure. An area for improvement has been made in this regard.

The agency retains a record of pre-employment checks completed; the manager confirmed that information is reviewed and verified by the manager and that registered nurses are not permitted to work until all pre-employment checks have been satisfactorily completed and verified.

Three staff members' recruitment records were reviewed by the inspector. It was unclear in one staff member's file, as to whether at least one of the references had been obtained from their previous employer. This was followed up by the office manager during the inspection and confirmation was provided that one of the references had been obtained from the staff member's previous employer. The reference template was amended by the office manager at the time of the inspection to reflect the capacity in which the applicant was known to the referee. This will provide more clarity with regard to references in future recruitment.

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. A record of induction provided to staff is maintained; records viewed outline the information and support provided to staff during the induction process.

There was a rolling programme of training, supervision and appraisal. The supervision and appraisal policy had been revised and the timescale for staff supervision had been increased the six monthly, with annual appraisal. Records of staff supervision indicated that staff had received supervision and appraisal in accordance with the time frames specified in the agency's procedures. It was observed that staff supervision records were retained within the monthly monitoring reports folder. The manager must review the system for storing staff supervision records to ensure they are held in a secure manner within staff personnel records. An area for improvement has been identified.

The agency has a system for recording training completed by staff and for highlighting when training is required. The manager stated that registered nurses are not permitted to work if annual training updates have not been completed. It was good to note that additional training had been provided to staff in areas such as consent, record keeping, confidentiality, whistleblowing and Deprivation of Liberty Safeguards (DOLS). Additional training in the role of the Adult Safeguarding Champion had been planned for the coming weeks.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records and discussion with the manager confirmed that there had been no potential safeguarding incidents since the previous inspection.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the deputy manager was the identified ASC. We were informed by the manager that the Annual Position Report was not available at the time of the inspection. The report dated 31 December 2019 was forwarded to RQIA by the ASC following the inspection. It was noted from the report that no safeguarding concerns had been identified by staff in 2019.

The manager stated that 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 with the manager and registered nurses that staff are required to complete adult safeguarding training during their initial induction and annually thereafter. Training records viewed during the inspection indicated that staff had completed appropriate training.

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 may be required to be involved in. It was noted that the monthly quality monitoring audit process includes the review of referrals made in relation to adult protection matters.

The manager could describe the procedure for appropriately matching the individual skills of the registered nurses employed to the needs of the service users; this includes the completion of a skills and experience profile during the interview process and ongoing training, development and competency assessments following employment.

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 that all staff are registered.

The manager explained the systems in place to seek, record, monitor and retain service user comments regarding the quality of care provided by the agency. Methods included for example; six monthly satisfaction surveys, opportunities to submit feedback following each shift, telephone contact with service users and monthly quality monitoring visits.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in respect of the recruitment policy and the management of staff supervision records.

	Regulations	Standards
Total number of areas for improvement	0	2

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. It was observed that the Statement of Purpose and Service User Guide had not been updated to reflect the current manager. An area for improvement has been made.

It was identified from records viewed that they were generally well maintained in an organised and secure manner and in accordance with legislation, standards and the organisational policy. An area for improvement has been made under section 6.4, in respect of staff supervision records.

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 office manager 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, face to face meetings and regular phone contact with service users.

Discussions with the manager and records viewed evidenced that the agency has systems in place to monitor, audit and review the effectiveness and quality of the service provided to service users. The systems include processes for the review of complaints, incidents, safeguarding referrals and in addition audits of service user feedback and documentation.

Areas of good practice

Areas of good practice were identified in relation to record keeping, communication with service users, the agency's training programme and systems for reviewing the quality of the service provided.

Areas for improvement

One area for improvement was identified in respect of the Statement of Purpose and Service User Guide.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

It was noted that the agency's staff handbook and information provided to all registered nurses during their initial induction programme contains details of a number of key policies and procedures including the agency's confidentiality policy. The policy relating to confidentiality outlines the actions required by staff to ensure confidentiality is maintained at all times.

The 'Whistleblowing Policy' provided to staff, outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

The agency has on call arrangements in place to ensure that staff and service users can report concerns they may have regarding a placement, or to access support and guidance. The agency's staff handbook clearly outlines the process for staff in relation to reporting concerns.

Discussions with the manager, office manager and staff 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 has a range of methods for obtaining the views of service users in relation to staff performance; it includes requesting that service users complete a feedback pro-forma for staff provided. The manager and administrative staff described the processes for engaging with service users in order to obtain feedback; this includes the agency's quality monitoring process face to face meetings and telephone contact with service users to obtain their views as to the quality of the service provided and feedback on staff performance.

Following the inspection we spoke to six registered nurses. Comments received included:

- "Just Nurses are very supportive and very good to work for. I'm always in contact with the same person and this is good for continuity."
- "All my experiences have been very good and very positive with this agency."
- "They are well organised. There are opportunities for continuous professional development. I think they do a really good job".
- "This is a very professional organisation. I had to do a mountain of online training before I could do any work."
- "They look after me and I feel well supported."
- "My consultant is absolutely fantastic."

Areas of good practice

Areas of good practice were identified in relation to communication and ongoing engagement with service users, staff and the promotion of values such as confidentiality, dignity and respect.

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.

We reviewed the agency's management and governance systems in place to meet the needs of service users. An application was approved by RQIA on 19 November 2019 in respect of Mr Jose Loureiro as registered manager. The manager is supported in his role by a part time deputy manager, office manager and a recruitment and compliance team.

A range of policies and procedures were in place which directs the quality of services provided by the agency. Policies/procedures were readily available, centrally indexed and compiled into a policy file. Electronic versions of policies and procedures were also available for inspection and to agency staff. Policies and procedures were ratified and signed by the manager, with review dates recorded. It was identified that the recruitment policy had not been reviewed since 2016. An area for improvement has been identified under section 6.4.

Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. These include provision of relevant policies and procedures; monthly audit of registration status with the NMC, staff training, complaints, incidents and safeguarding.

There was a complaints policy and procedure in place which was not fully in accordance with the legislation and Department of Health (DOH) guidance on complaints management (2019). The role of the HSC Trust had not been identified. This was discussed with the manager and the current DOH guidance was shared with the agency following the inspection. An area for improvement has been made in this regard.

Visits by the registered provider were undertaken as required under Regulation 20 of The Nursing Agencies Regulations (Northern Ireland) 2005; a report was produced and made available for staff, RQIA and any other interested parties to read. Action plans were developed to address any issues identified which include timescales and person responsible for completing the action when required.

Just Nurses had systems in place to ensure that staff were well informed of the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships and that the management team were very supportive.

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 maintaining good working relationships.

Areas for improvement

One area for improvement was identified with regard to the complaints policy and procedure.

	Regulations	Standards
Total number of areas for improvement	0	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 Mr Jose Loureiro, manager, 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 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 Minimum Standards, 2008	
<p>Area for improvement 1</p> <p>Ref: Standard 3.4</p> <p>Stated: First time</p> <p>To be completed by: 13 February 2020</p>	<p>The registered person shall ensure that the information held on record is accurate, up to date and necessary. Older versions of policies and procedures should be archived in accordance with the records management policy and procedure.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>A new on-line filing system has been set up and all old policies and procedures have been archived in accordance with our records management policy. All senior staff are aware of where documents are stored for easy retrieval and review.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 3.7</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of this inspection</p>	<p>The registered person shall review the system for storing staff supervision records to ensure they are held in a secure manner within staff personnel records.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>Since the new Supervision and Appraisal schedule commenced in September 2019, all Supervision and Appraisal Records have been saved to Staff Personnel files. There remains a legacy of previous records which were saved to the Monthly Monitoring file. A plan is in place to scan these documents into the Personnel Files as soon as possible under the current circumstances</p>
<p>Area for improvement 3</p> <p>Ref: Standard 1.8</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2020</p>	<p>The registered person shall ensure the Statement of Purpose and Service User Guide has been reviewed and updated to reflect the name of the current registered manager.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken:</p> <p>This is currently being updated as the Registered Manager at the time of the Inspection, Mr Jose Loureiro, has since resigned his position. Mrs Polly Adgey is in the process of applying for the Registered Manager role and is currently acting as the Registered Manager. This will be reflected in the Statement of Purpose and Service User Guide accordingly.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.1</p>	<p>The registered person shall ensure the complaints policy and procedure has been reviewed and amended and is in accordance with legislation and Department of Health (DOH) 2019 guidance on</p>

Stated: First time To be completed by: 28 February 2020	complaints management Ref: 6.7
	Response by registered person detailing the actions taken: This has been completed.

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



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