

Unannounced Care Inspection Report 17 February 2020



Donard Healthcare

Type of Service: Residential Care Home
Address: Level 3 The Potthouse, 1 Hill Street, Belfast, BT1 2LB
Tel No: 028 9099 6195
Inspector: Kieran Murray

www.rqia.org.uk

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

Donard Healthcare is a nursing agency which operates from offices located in Belfast. The agency currently supplies nurses to Health and Social Care Trust (HSCT) facilities and care homes in the Belfast Health and Social Care Trust (BHSCT), Northern Health and Social Care Trust (NHSCT) and South Eastern Health and Social Care Trust (SEHSCT) areas.

3.0 Service details

Organisation/Registered Provider: Donard Recruitment Limited Responsible Individual(s): Mr Stephen McBride	Registered Manager: Miss Adela Faye Carson
Person in charge at the time of inspection: Miss Adela Faye Carson	Date manager registered: 13 September 2018

4.0 Inspection summary

An unannounced inspection took place on 17 February 2020 from 09.30 to 15.00.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005, The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Nursing Agencies Minimum Standards, 2008.

The inspection determined 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, monitoring, quality monitoring process, training and development, Nursing and Midwifery Council (NMC) registrations and engagement with service users.

An area requiring improvement was identified in relation to record keeping i.e. the use of correction fluid.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Miss Adela Faye Carson, Registered 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 pre-registration care inspection dated 16 August 2018

No further actions were required to be taken following the most recent pre-registration inspection on 16 August 2018.

5.0 How we inspect

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

- pre-registration inspection report
- record of notifiable incidents
- all correspondence with RQIA since the previous inspection

During the inspection the inspector met with the responsible individual, the manager, administration staff and a telephone conversation with three staff.

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the person in charge was asked to email a poster to all staff within the agency. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; two responses are included within the body of the report.

There was an area rated as 'very unsatisfied' on the responses from staff. As there was no contact details recorded for staff, the inspector spoke to the manager on the 4 March 2020 and discussed the feedback received. The inspector has been assured by the manager that the comment made would be discussed with staff in the forum of a team meeting and a record retained for review at the next inspection.

The inspector requested that the manager place a "Have we missed" you card in a prominent position in the agency to allow service users who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

The inspector would like to thank the responsible individual, the manager and administration staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent pre-registration inspection dated 16 August 2018

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

There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

The agency's recruitment policy outlines the procedures for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency retains a record of checks completed; the manager confirmed that information is reviewed and verified by the manager and that nurses are not provided until all the relevant pre-employment checks have been satisfactorily completed and verified. Four staff recruitment records viewed indicated that required checks had been completed and that the agency's recruitment process is robust. Staff records viewed indicated that staff are not provided until the pre-employment checks and documentation relating to training had been received and verified.

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's supervision and appraisal process was reviewed during inspection. The agency maintains a record of staff supervision; records viewed indicated that they were completed in accordance with the agency's procedural timeframes. Staff appraisals are completed on an annual basis and this was confirmed from staff records reviewed during inspection. However, the inspector noted that corrections were not in keeping with policy and procedure i.e. the use of correction fluid. An area for improvement has been made in this regard.

The agency has a system for recording training completed by staff and for highlighting training required; it was noted that nurses are informed when training updates are required. The manager stated that registered nurses are not provided with work placements if required training updates have not been completed. It was positive to note that staff had completed Deprivation of Liberty safeguarding (DoLs) e-learning training.

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 manager is the identified Adult Safeguarding Champion (ASC).

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 discussion with the manager, staff and documentation viewed that staff are required to complete adult safeguarding training during their initial induction and three yearly thereafter. Training records viewed during the inspection indicated that staff had completed appropriate training.

The manager described 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.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that no safeguarding referrals were made to the trust since the last inspection 16 August 2018.

A discussion took place with the manager in relation to the ASC completing an Adult Safeguarding Position Report by 31 March 2020. This can be reviewed at the next inspection.

Staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of patients.

Staff comments:

- "The induction is thorough."
- "The agency protects our human rights."
- "The e-learning is good but very slow."

The manager described the procedure for appropriately matching the individual skills of the nurses employed to the needs of the service users; this includes the completion of a skills and competency profile for each nurse. The manager described the process for appropriately assessing the requirements of individual service users; it was noted that this process also included assessing the knowledge, experience, skills 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 described the process of checking the NMC register on a monthly basis to ensure all staff are registered.

The agency requests that service users complete feedback reports in relation to the performance of registered nurses provided. The feedback documentation requests information relating to staffs' timekeeping, appearance, interaction and delivery of care.

The inspector noted that staff are provided with the agency's 'Whistleblowing Policy' which outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose. During the inspection records were noted to be retained securely and in an organised manner; personal computers (PC's) were noted to be password protected. The manager could describe the additional measures taken to ensure compliance with General Data Protection Regulation (GDPR).

The inspector reviewed records relating to incidents reportable to RQIA and found that the agency and found that the agency had managed these within policy and procedure.

Of two responses returned by staff, one indicated that they were 'very satisfied' that care was safe and one indicated that they were 'very unsatisfied' that care was safe.

Areas of good practice

Areas of good practice were identified in relation to the agency's recruitment, induction, NMC registrations, training and adult safeguarding.

Areas for improvement

An area for improvement was identified during the inspection in relation to record keeping i.e. the use of correction fluid.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 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 (2018) and Service User Guide (2020).

It was identified from records viewed that they were maintained in a well organised and secure manner and in accordance with legislation, standards and the organisational policy.

Discussions with the manager and documentation viewed provided evidence that the agency has effective systems in place to monitor, audit and review the effectiveness and quality of the service provided. The systems were noted to include processes for the review of compliance levels of training completed by staff, nurses' registration status with the NMC, audits of complaints, accidents and staff files.

Staff comments:

- "We get texts to find out if your block booking is going okay."

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by the responsible individual who has a good working knowledge of the agency.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with service users', staff, and progress on improvement matters.

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 provided evidence that the agency seeks to develop and maintain effective working relationships with service users. Service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of registered nurses provided. The agency has systems in place for obtaining the comments of service users in relation to staff provided; they include staff feedback forms, site visits and telephone contact with service users.

Of two responses returned by staff, both indicated that they were 'satisfied' that care was effective.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

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

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 at any time including out of hours.

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 proforma for staff provided. The manager described the processes for engaging with service users in order to obtain feedback; this includes the agency's quality monitoring process, site visits and telephone contacts with service users to obtain their views as to the quality of the service provided and feedback on staff performance.

Staff comments:

- “The agency treats staff with respect and dignity.”
- “Very personal service.”

Of two responses returned by staff, one indicated that they were ‘very satisfied’ that care was compassionate and one indicated that they were ‘satisfied’ that care was compassionate.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 agency’s management and governance systems in place to meet the needs of service users were reviewed. It was identified that the agency has a range of policies and procedures in place which were noted to have been reviewed and updated in accordance with the timescales as outlined within the Minimum Standards, relevant legislation and guidelines. Policies are retained both electronically and in paper format stored within the agency office. Staff are provided with a number of key policies during induction and in the staff handbook; in addition staff can access required policies in the agency’s office.

Discussions with the manager and documentation viewed indicated that the agency’s governance arrangements promote the identification and management of risk. These include the provision of required policies and procedures, monitoring of staff training, registration status of staff with the NMC, monitoring of feedback received, complaints, safeguarding, accidents and incidents including those notifiable to RQIA.

The agency’s incident policy outlines the process for managing incidents and the reporting arrangements for RQIA and other relevant agencies. It was identified that the agency has a system for retaining a record of accidents, incidents made and of actions taken. One incident had been reported appropriately to RQIA since the previous pre-registration care inspection.

The agency’s complaints policy outlines the process and timescales for managing complaints. Discussions with the manager demonstrated that they had a clear understanding of the agency’s complaints procedure and the process for effectively managing complaints.

Records viewed confirmed that the agency has a robust process for recording details of complaints received and the actions taken, and for reviewing complaints on a monthly basis as part of the quality monitoring process. The agency had received a number of complaints since the previous pre-registration care inspection. The inspector noted that the complaints were dealt with appropriately in accordance with policy and procedure and the complainant was fully satisfied with the outcome.

The manager stated that the agency has a process for continually reviewing the service provided to identify areas for improving the quality of the service.

The inspector noted and examined the following surveys carried out by Donard Healthcare, Service User Questionnaires 2018/2019, staff surveys and site visits, all with positive results. The inspector reviewed the annual quality report 2018/19 and found it to be satisfactory.

Electronic and paper records viewed by the inspector provided evidence of appropriate staff induction, training, supervision and appraisal. The agency has a system for recording staff training and a compliance system for identifying training needs of staff provided and for reviewing the registration of staff with the appropriate regulatory body.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff. It was identified that registered nurses are provided with a job description at the commencement of employment which outlines the responsibilities of their job role. Staff are required to highlight areas where they feel that they need additional training.

Staff comments:

- “There is an open door policy in the agency.”
- “The management are very good and very friendly.”
- “The management are very supportive in meeting training needs.”

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.

Discussion with the manager provided evidence that the agency promotes effective collaborative working relationships with service users. It was identified that the agency processes for ensuring that they actively seek feedback from service users following staff having been provided.

Of two responses returned by staff, both indicated that they were ‘very satisfied’ that the service was well led.

Areas of good practice

Areas of good practice were identified in relation to the agency's policies and procedures, governance arrangements, engagement with stakeholders, monitoring of compliance and the management and monitoring of incidents.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Adela Faye Carson, Registered 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	
Area for improvement 1 Ref: Standard 3.4 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that the information held on record is accurate, up to date and necessary. This relates specifically to the use of correction fluid. Ref: 6.3
	Response by registered person detailing the actions taken: During our unannounced inspection it was noted that correction fluid had been used. A team meeting was held by Adela Carson and this issue was discussed, an email followed asking all staff to cease the use of correction fluid.

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



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