

Announced Care Inspection Report 22 December 2020



SOS Medical

Type of Service: Nursing Agency
Address: 132 Burnt Ash Road, London, SE12 8PU
Tel No: 033 3339 9390
Inspectors: Aveen Donnelly and 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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

SOS Medical is a nursing agency which currently supplies registered nurses to hospitals operated by Belfast HSC Trust, the Northern Health and Social Care Trust, and the Southern Health and Social Care Trust.

3.0 Service details

Organisation/Registered Provider: SOS Medical Limited Responsible Person: Mr Ankit Goyal	Registered Manager: Ms Bulelwa Patience Socenywa
Person in charge at the time of inspection: Mr Ankit Goyal	Date manager registered: 12 March 2019

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection was undertaken on 10 March 2020. Information received by the Regulation and Quality Improvement Authority (RQIA) prior to this inspection raised concerns that the quality of care and service within SOS Medical was below the standard expected. This pertained to the governance and management arrangements of SOS Medical, particularly the responsiveness of management in dealing with concerns raised, relating to nurses' practice.

Following an internal assessment of service information and regulatory history and in light of the concerns raised, an inspection was undertaken on 22 December 2020 to examine the agency's current compliance with The Nursing Agencies Regulations and Standards. Due to the current restrictions, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to the spread of Covid-19.

An announced inspection took place on 22 December 2020 from 10.00 to 17.30 hours.

This inspection was completed following a review of information requested to be submitted to RQIA prior to the inspection. During the inspection, we examined other information and focused on discussing aspects of the submitted information, in order to substantiate the information. We focused on contacting stakeholders to obtain their views on the service quality.

As a consequence, a serious concerns meeting was held on 22 January 2021, using teleconferencing facilities, to discuss the inspection findings and to seek assurances that plans are in place to address the deficits identified. The meeting was attended by Ankit Goyal, responsible person, and the proposed new manager. RQIA considered the matters discussed, together with the assurances provided during the meeting. Whilst the decision was made not to take any further action at this time, we requested submission of an action plan in respect of the areas of concern by 22 February 2021. In addition, it was agreed that the application in respect of the registered manager would be submitted to RQIA on 25 January 2021.

Areas for improvement were made in relation to recruitment, Nursing and Midwifery Council (NMC) checks, record keeping, staff training, notifications to RQIA in respect of manager absences and the monthly monitoring visits. The responsible person was also required to complete training on Adult Safeguarding and in relation to complaints management.

Other areas for improvement related to the need for the Statement of Purpose to be updated, the content of staff training and the need for formalised supervisions to be undertaken with staff.

Feedback from service users identified that the management of the agency were not responsive in relation to concerns raised.

The inspection also assessed progress with the area for improvement identified during and since the last care inspection and it was good to note that this was met.

Good practice was identified in relation to the process for ensuring service users received a curriculum vitae for each nurse, outlining their skills and experience.

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.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	7	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ankit Goyal, responsible person, 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. The evidence viewed during the inspection in relation to the number of areas for improvement identified, raised concerns that the governance and management arrangements were not effective and were below the standard required. The responsible person and the new proposed manager were invited to attend a meeting with RQIA via teleconferencing facilities on 22 January 2021 to discuss the inspection findings and their plans to address the issues identified.

During the meeting, the responsible person detailed the actions taken to date and the planned actions required to drive improvement and ensure that the concerns raised at the inspection were addressed. RQIA considered the matters discussed, together with the assurances provided during the meeting. Whilst the decision was made not to take any further action at this time, we requested submission of an action plan in respect of the areas of concern by 22 February 2021. In addition, it was agreed that the application in respect of the registered manager would be submitted to RQIA on 25 January 2021.

RQIA informed the responsible person that further enforcement action may be considered if the issues were not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

4.2 Action/enforcement taken following the most recent care inspection dated 10 March 2020

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 March 2020.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

The following areas were examined during the inspection:

- monthly quality monitoring reports
- records relating to staff training
- alphabetical list of staff names
- complaints records
- incident records
- records relating to Adult Protection
- recruitment records
- Adult Safeguarding Policy
- Complaints Records
- Statement of Purpose
- Service User Guide
- RQIA Registration certificate.

During our inspection we focused on contacting the service users, to obtain feedback in relation to the performance of the registered nurses provided. Comments are detailed within the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

Areas for improvement from the last care/finance inspection dated 10 March 2020		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) Stated: First time To be completed by: 10 April 2020	The registered person shall ensure that a system is in place to review the quality of the service and a report is produced on a monthly basis. The review shall include consultation with staff and service users and/or their representatives.	Met
	Action taken as confirmed during the inspection: The review of the monthly monitoring reports confirmed that they had been undertaken on a monthly basis. Whilst not sufficiently included within the reports, there was evidence that the agency had sought feedback from service users in regards to the nurses' performance. Further information is details below.	

6.0 What people told us about this agency

The information received shows that where concerns were raised relating to nurses' practice, the management of SOS Medical was not responsive to the concerns raised.

6.1 Inspection findings

We reviewed the staffing arrangements in place within the agency and we were advised that the agency currently supplies registered nurses to hospitals within the Belfast Health and Social Care Trust, the Northern Health and Social Care Trust and the Southern Health and Social Care Trust.

Whilst there was evidence that records were retained in relation to any adult safeguarding concerns, it was evident that there were gaps responsible person's knowledge. This related to the regional adult safeguarding guidance and in relation to complaints management. By way of example, it was unclear as to who within the agency held the responsibility of being the Adult Safeguarding Champion (ASC) and the responsible person had not familiarised themselves with the process for completing the annual safeguarding position report. Feedback received as part of the inspection process also identified that service users had not been responded to, when they raised concerns in relation to nurses' practice. This is concerning, given that RQIA had previously provided guidance to the responsible person in respect of deficits in the agency's complaints management process. An area for improvement has been made in this regard.

During the inspection two staff recruitment records were reviewed. There were deficits identified in each record reviewed. The records highlighted that the system for exploring gaps in employment was not sufficiently robust and full employment histories had not been recorded in either of the records reviewed. Furthermore, the section on previous employment history noted in one of the applications that the staff member had been working in 'agency work' since 2012.

The information recorded did not identify the name of the agency/agencies the nurse had worked for. One employer reference had not been provided by the nurse's last employer. Whilst we acknowledge the rationale provided for seeking a reference from the nurse's most recent placement, we were concerned that the named referee would not necessarily be privy to all the relevant information relating to the nurse's performance. An area for improvement has been made in this regard.

We reviewed the system in place to ensure that all nurses are registered with the Nursing and Midwifery Council (NMC) and to identify when they are due to renew their registrations. Review of this system identified that it whilst checks had been done, they weren't undertaken frequently enough.

This is significant, given that agency nurses often work across more than one nursing agency and it is important that the agency is aware of each nurses' current registration with the NMC. An area for improvement has been made in this regard.

The alphabetical list of staff names was not up to date. It was noted that the alphabetical list of staff names also incorporated the dates staff completed their mandatory training. Therefore, we were unable to verify the numbers of nurses employed by the agency and that all the nurses had completed the mandatory training requirements. An area for improvement has been made in this regard.

We enquired specifically in relation to the content of the Adult Safeguarding training and were informed that none of the staff training contents were retained by the agency. This meant that we were not assured that the training provided was in line with regional guidance in Northern Ireland. An area for improvement has been made in this regard.

There were processes in place for identifying, managing and where possible eliminating unnecessary risk to patients health, welfare and safety. The person in charge described how a curriculum vitae was completed for each nurse, outlining their skills and experience. This information is sent to the service users' in advance of supply, to ensure that the service users are satisfied with the experience of the registered nurse being supplied. This process is overseen by a registered nurse.

It was also identified that at least three nurses had been provided to work in an identified setting, without having completed the required training. Whilst we acknowledging the difficulties provided in relation to accessing the required training, we were concerned that nurses continued to work without this training, despite this having first being highlighted to the responsible person on 08 December 2020. An area for improvement has been made in this regard.

We reviewed the agency's arrangements for undertaking staff supervision and identified that there was no formalised recording of supervisions undertaken with staff. An area for improvement has been made in this regard.

During the inspection, we were provided with conflicting information as to the level of involvement the manager, had in managing the agency. Assurances were provided to the inspectors that evidence of the manager's ongoing employment status would be submitted to RQIA. Following the inspection, this was not forthcoming and we were subsequently informed on 29 December 2020 that the manager had resigned from SOS Medical and that another manager had been appointed to undertake this role. A Notification of Absence of registered manager had not been submitted to RQIA in keeping with regulation and an application in respect of the new management arrangements was not submitted in a timely manner. An area for improvement has been made in this regard.

We also reviewed the organisational structure of the agency and were concerned that it was not as outlined within the Statement of Purpose. By way of example, the organisational flowchart outlined in the Statement of Purpose identifies a number of people with key responsibilities within the agency. This is contrary to the inspection findings, where there were four individuals identified as supporting the running of the agency. Further review of the Statement of Purpose identified that it did not contain all the information listed in the regulations and standards. An area for improvement has been made in this regard.

Through discussion, it was evident that the agency has systems in place to review the quality of the service provided to service users. However, given the inspection findings, the system in place was deemed to be ineffective. Advice was given in relation to using a template which is available on the RQIA website. The responsible person welcomed this advice and agreed to use the recommended template as a means to providing more comprehensive reports going forward. An area for improvement has been made in this regard.

We were informed during the inspection that the agency had changed address in 2020. The inspectors were informed that the responsible person had informed RQIA of this change and that evidence of this would be furnished to RQIA. This was not forthcoming. Following the inspection, the application to vary the registration of the agency was submitted to RQIA.

As a consequence of the concerns, previously outlined above, a serious concerns meeting was held on 22 January 2021, using teleconferencing facilities, to discuss the inspection findings and to seek assurances that plans are in place to address the deficits identified. During the meeting with RQIA on 22 January 2021, the responsible person reaffirmed their commitment to ensuring that the areas identified for improvement will be addressed. The responsible person confirmed with RQIA during this meeting the identified deficits that have since been rectified and that plans are in place to rectify deficits identified in respect of all other areas. RQIA considered the matters discussed, together with the assurances provided during the meeting. Whilst the decision was made not to take any further action at this time, we requested submission of an action plan in respect of the areas of concern by 22 February 2021. In addition, it was agreed that the application in respect of the registered manager would be submitted to RQIA on 25 January 2021.

Areas of good practice

A curriculum vitae was completed for each nurse, outlining their skills and experience. This information is sent to the service users' in advance of supply, to ensure that the service users are satisfied with the experience of the registered nurse being supplied.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	7	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ankit Goyal, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 10 (1) and (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person and the registered manager must undertake such training as is appropriate to ensure that they have the experience and skills necessary for carrying on the agency.</p> <p>This refers specifically to, but is not limited to, training in Adult Safeguarding and Complaints Management.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: We can confirm that the Adult Safeguarding Champion training has completed by Responsible Person on 29th January and The Registered Manager is also booked for this training on 19th April, 2021, as this was the earliest date available with the training provider</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (d) Schedule 3 (5) and (8)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that no nurse is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This relates specifically to the need for:</p> <ul style="list-style-type: none"> • references to be sought from staff member's present or most recent employer. • full employment histories to be recorded, together with a satisfactory written explanation of any gaps in employment. <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Following our inspection and its findings, we have re-trained the compliance staff to ensure all the new registrations are only completed once the full employment history is taken including any gaps and the references are chased with both the recent place of work and the recent employer (should this be an agency). In the event, the agency doesn't respond, we will send them 3 reminders and these emails will kept in file. The worker will only be allowed to work once we have received satisfactory references and this will be decided by the nurse manager if they are allowed to work and will be decided on case-by-case basis. We are also in the process of updating our existing workers files which we aim to complete as soon as possible.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) Schedule 3 (10)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that confirmation of registration with the NMC is checked on a monthly basis and evidence of the records checks are retained.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: We can confirm that this has been implemented and the compliance team has been made aware to check all the NMC registrations on monthly basis. These will be kept in a secured location along with the date the NMC checks were done. We would typically aim to complete these on the first week of every month. To ensure the compliancy of above, we will be conducting a monthly audit and any short falls will be rectified.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 18 (a) Schedule 4 and 7</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</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 kept up to date, in good order and in a secure manner; and retained for a period of not less than eight years beginning on the date of the last entry.</p> <p>This refers specifically to the alphabetical list of staff and to the records pertaining to staff training.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: On a normal day, all the information is kept upto date but due to covid and the staff working from homes, we were not in a position to give the access to everyone at home (due to GDPR). Since the inspection, we have realized the need of additional compliance staff and we have advertised the position already. We aim to hire a more senior person who will be responsible to ensure all the files are upto date. We will also be creating a secured shared drive which only the compliance manager and responsible person will have the access to. To ensure the compliancy of above, we will be conducting a monthly audit and any short falls will be rectified.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the nurses supplied by the agency have the qualifications, knowledge, skills and competencies necessary for the work they are to perform.</p> <p>This refers particularly to, but is not limited to the provision of Management of Actual or Potential Aggression (MAPA) training.</p> <p>Ref: 6.1</p>

	<p>Response by registered person detailing the actions taken: All the booking staff have been made aware of the training requirements specifically for the Mental health units and to always check with the Client before booking any staff as to what training is required. This information will then be recorded on the system along with the information like: Person spoke to, conversation details. Once the above is documented then only the booking will follow. This will ensure the staff is only sent to work with required skills for the unit/ ward they are suppose to work at.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 23 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The responsible person shall review the policy in relation to the management and control of the agency, to ensure that it includes the procedure for submitting a Notification of Absence, in the event of the absence of the registered manager.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The notification of absence has been submitted and going forward we will ensure this followed through as per the requirements.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 20 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall further develop the system of reviewing the quality of service provision, to ensure that the matters identified in this report are given consideration as part of the monthly monitoring report.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Following the inspection, we have now developed a Quality feedback form which will be sent to the clients/ manager via email once every month to obtain a written feedback. In addition to this, we will also use the same form that will be filled by our bookings team over the phone once the worker has completed there first shift. This will help us to ensure we improve our service more effectively.</p>
<p>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the content of staff training is retained within the agency.</p> <p>This refers particularly to, but is not limited to the content of Adult Safeguarding training.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: We have now made a Training content file which will be kept on site for reference and it will be updated every time the course provider does so. We are also contacted another training provider: Healthier Business who does training in Northern Ireland to ensure all the training we provide are as per the Northern Ireland regulations.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 7.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall develop and implement a system to ensure that nurses receive formal supervisions in keeping with the agencies policies and procedures.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Following our inspection, we have developed a monthly supervision process where the staff will be formally supervised in the form of virtual meetings with the nurse manager. This will provide a platform to the nurses to address any concerns, should there be any and will also help us to receive feedback so we can improve our service. We aim to do this on one to one basis and will also conduct group meetings where possible (due to staff work at different days and times).</p>
<p>Area for improvement 3</p> <p>Ref: Standard 1.8</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall review the Statement of Purpose to ensure that it includes the information outlined in Section 2 of the Minimum Standards.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The statement of Purpose has been updated and will be kept updated on regular basis.</p>

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



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