



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

**Name of Service:** Sciensus  
**Provider:** Sciensus Pharma Services Limited  
**Date of Inspection:** 28 January 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	<b>Sciensus Pharma Services Limited</b>
<b>Responsible Individual:</b>	Sir Jonathan Asbridge
<b>Registered Manager:</b>	Mrs Ursula Corbett
<b>Service Profile:</b>	
<p>Sciensus is a nursing agency which supplies registered nurses to provide specialised care and Chemotherapy to patients in their own homes. The patients care is generally commissioned by a number of Health and Social Care Trusts; however, there are also a number of patients who pay for their own care; and a number whose care is paid for by private health insurance companies.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 28 January 2025 from 10.15 a.m. to 2.30 p.m. by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 21 March 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a safe, effective and compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency's quality systems; such as undertaking monthly checks of the Nursing and Midwifery Council (NMC) register.

The patients who received nursing care from Sciensus were very praiseworthy of the care and support they received. Details can be found in the main body of the report.

As a result of this inspection both areas for improvement previously identified were assessed as having been addressed by the provider. Full details, including a new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## 3.0 The inspection

### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included any previous quality improvement plan issued, registration information, and any other written or verbal information received from patients, service users, relatives or staff.

Throughout the inspection process inspectors will seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

### 3.2 What people told us about the service

Throughout the inspection the RQIA inspector sought the opinions of patients and their relatives on the quality of the care and support provided.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to a range of patients who were in receipt of nursing care. Patients described the nurses as being 'unfailingly knowledgeable and friendly' and that Sciensus provides 'the best service ever'. One patient said that the nurses were 'amazing' and that they 'couldn't recommend them highly enough'.

Compliments received by the agency were also viewed. One praised the nurses for their 'professional and clinical skills' and the 'wonderful emotional support' provided.

Comments received from healthcare professionals were noted in the monthly quality monitoring reports. One comment reflected that the 'nurses are great and have frequently gone above and beyond' for the patients.

### 3.3 Inspection findings

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the skill of the nurses meets the needs of service users.

A review of the agency's recruitment records identified that there had been no new nurses employed since the last inspection. However, review of the updated recruitment processes provided assurances that the previous area for improvement identified in relation to recruitment had been addressed by the provider.

There was a system in place for all newly recruited nurses to complete a comprehensive induction, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. The induction included specific training and a three-month probationary period.

There was a system in place to ensure that the nurses were supported in their roles. This included supervisions which were undertaken every 6-8 weeks, one to one meetings which were held every three months and Professional Development meetings which were held three times per year. Whilst there was evidence of records pertaining to the one to one meetings the nurses attended, notes of matters discussed during the supervision meetings had not been recorded. RQIA acknowledges that the one to one meetings constituted the type of supervision record, which would be generally used by other registered nursing agencies. Therefore, the manager was advised to firstly maintain a record of matters discussed in the nurse supervisions; and to further develop the one to one proforma, to include recording whether or not the nurse is employed elsewhere and if they have been involved in any safeguarding incidents since the previous meeting, in keeping with good practice. Advice was also given in respect of developing a supervision algorithm for bank nurses, who by the infrequent nature of their work, would not be able to adhere to the agency's supervision policy.

All the nurses had received an annual appraisal.

There was a system in place which prevented nurses from being booked into shifts, unless all their training had been completed. Staff compliance with training was monitored by the manager.

The nurses had completed Deprivation of Liberty Safeguards (DoLS) training; however, to ensure that the training provided was in keeping with the Northern Ireland legislation, the manager agreed to undertake level 2 and level 3 of the DoLS training, available on the Department of Health website, to be assured that the training provided is commensurate with Northern Irish legislation. This will be followed up at a future inspection.

'Drumbeat Meetings' were held on a weekly basis and it was good to note that these were led by the nurses to increase their ownership of the meetings. Staff meetings were held on a monthly basis, where all staff were required to attend if possible. The manager described the purpose of each meeting and it was good to note that these were used as opportunities for reflections as appropriate. Review of the meeting notes also identified that there was a strong focus on the culture of a staff team, which the manager was keen to promote.

There were sufficient nurses available to meet the needs of the patients/service.

For patients who were receiving Chemotherapy at home, there was a system in place whereby if they had any concerns, they could call the Sciensus' Care Bureau, who would complete the UK Oncology Nurses Society (UKONS) 24- Hour Triage Tool. This is a risk assessment tool that uses a Red, Amber and Green (RAG) scoring system to identify and prioritise the presenting problems of patients contacting 24-hour advice lines for assessment and advice.

There was a system thereafter for the Sciensus specialist nurse to contact the patient's Consultant or the Belfast City Hospital (BCH) oncology helpline, if out of hours. If a patient requires hospital admission, the Sciensus nurse emails all clinical documentation, patient demographics to the BCH and contacts the Oncologist to confirm the patient's admission.

Sciensus also sends a list to the Oncology Ward every Friday, detailing the patients who have received chemotherapy that week; and those planned for the following week. This ensures that the patients' Consultants are always aware of the exact stage of chemotherapy patients are at. This is good practice.

There has been no change in the management of the agency since the last inspection. Mrs Ursula Corbett has been the Registered Manager since 18 June 2024. Staff commented positively about the manager and described the reassurance they get from the manager and staff.

Review of a sample of records evidenced that there was a robust system in place for reviewing the quality of services provided by the agency on a monthly basis. Whilst the monthly quality monitoring reports did not specifically include the feedback received from patients or persons acting on their behalf, there was evidence that feedback had been obtained for that purpose. Patients could use the Intouch App or Trust Pilot and there was also an annual patient survey undertaken, which was specific to Northern Ireland. Advice was given in relation to being able to extrapolate all feedback, pertaining to Northern Ireland, received through these processes. The need to include the stakeholder feedback in the monthly monitoring report was discussed with the manager, who welcomed this advice. Following the inspection, the manager submitted a recently completed monthly quality monitoring report, which evidenced that the previous area for improvement identified in this regard had been addressed by the provider.

The manager advised and a review of records confirmed that there had been no complaints received by the agency since the last inspection. It was good to note that there was a QR code on the patient information sheet given to patients, to facilitate easy access to the organisation's complaints system. Patients were also provided with the manager's name and contact details.

Incidents had been managed appropriately. Advice was given in relation to the Serious Adverse Incidents Procedure, should it be required.

Review of the Adult Safeguarding Position Report identified that this was not in keeping with the regional policy in relation to Adult Safeguarding. Following the inspection, the amended report was submitted to RQIA. The manager was also advised that the content of the safeguarding training needs to be reviewed, to ensure it is similarly reflective of Northern Ireland policy and procedures. This will be reviewed at a future inspection.

The manager was advised to include details of the Patient Client Council (PCC) into the Service User Guide. RQIA's address also required to be updated.

It was identified that whilst there was a process to monitor the dates nurses were due to renew their registration with the Nursing and Midwifery Council (NMC), this process did not include checking the nurses' registration on the NMC register on a regular basis. An area for improvement has been identified to ensure these checks are undertaken on a monthly basis.

The Annual Quality Report and the Annual Infection Prevention and Control report were not yet due for renewal. The manager was aware that the information included within these reports is required to reflect the data pertaining to Northern Ireland. This will be reviewed at a future inspection.

The Annual Safeguarding Position report was also due to be completed for this year. The manager was aware to include an appendix to this detailing data specific to Northern Ireland, when completed. This will be reviewed at a future inspection.

#### 4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Ursula Corbett, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 1.16  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	The Registered Person shall ensure that nurses registration with the NMC are checked on a monthly basis and records of checks retained for inspection purposes.  Ref: 3.3  <b>Response by registered person detailing the actions taken:</b> we will have a monthly report for all nurses in Northern Ireland and the NMC checks will be carried out by the HR team these will be on monthly basis and recorded in the same way as they are today. The details will be available for audit purposes on request and will be available for the SCSM to review Monthly and add to her monthly quality report . This has been scheduled to start from the 1st April.

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



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