The Regulation and Quality Improvement Authority

Inspection Report

18 June 2024

Peninsula Care Services

Type of service: Nursing Agency
Address: 6-8 Georges Street, Newtownards, BT23 7LS
Telephone number: 028 9182 8921

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

1.0 Service information

Registered Provider: Peninsula Care Services Ltd **Responsible Individual:** Mr Jonathan Cook	**Registered Manager:** Ms Joanne Roy **Date registered:** 30 May 2024
Person in charge at the time of inspection: Mr. Jonathan Cook (Responsible Individual)	
Brief description of the agency operates: Peninsula Care Services is a nursing agency which operates from offices located in Newtownards. The agency currently supplies registered nurses to a number of private nursing homes and to hospitals within the South Eastern Health and Social Care Trust (SEHSCT), Northern Trust (NHSCT), and the Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

An unannounced inspection was undertaken on 18 June 2024 between 9.30 a.m. and 2.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) and service user involvement were also reviewed.
There were no areas for improvement identified during this inspection.

Good practice was identified in relation to the recruitment of nursing staff, as well as the staff handbook. There were good governance and management arrangements in place.

For the purposes of the inspection report, the term 'service user' describes the hospitals or care homes to which the agency supplies registered nurses.

3.0 How we inspect

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

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users.

As a public-sector body, RQIA has a duty 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 service users that the agency takes all reasonable steps to promote people's rights. People in receipt of nursing care have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience their individual choices and freedoms.

Information was provided to service users and staff on how they could provide feedback on the quality of services. This included an electronic survey.

4.0 What people told us about the agency?

As part of the inspection process we spoke with a number of service users and registered nurses.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "A good service-no issues with nurses."
- "Thanks for your help."
- "More than happy with nurses provided."

Registered Nurses' comments:

- "I have worked for Peninsula agency for almost a year. I've been working at various nursing agencies since the 1990s. I have found Peninsula to be one of the better agencies I have worked for."
- "I have found all of the team to be very supportive if I have had any work related issues. This approach would be from the owner which is Jonny right to the office support staff."
- "At times I find Nursing very stressful. I've been able to pick the phone up to discuss my issues with the team."

There were no responses to the Electronic Survey.

5.0 The inspection

5.1 What has this agency done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the agency was undertaken on 08 February 2024 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Due to the number and nature of areas for improvement identified, a Serious Concerns meeting was held on 21 February 2024.

Areas for improvement from the last inspection on 08 February 2024		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 14 (2)(a) **Stated:** Second time **To be completed by:** 30 April 2024	The registered person shall ensure that each nurse receives appropriate supervision. Ref: 5.2.2	**Met**
	Action taken as confirmed during the inspection: Discussion with the Responsible Individual and examination of documents confirmed that there are now robust arrangements in place to ensure regular supervision of nurses.	
Area for improvement 2 **Ref:** Regulation 12 (1) (b) **Stated:** First time **To be completed by:** Immediately from the date of inspection	The registered person shall ensure that a complete employment history and satisfactory written explanation for leaving previous care employment is obtained for registered nurses who are supplied by the agency. Ref: 5.2.1	**Met**
	Action taken as confirmed during the inspection: Discussion with the Responsible Individual and examination of documents confirmed that the application form has been updated to include specific details of dates of employment; review of interview records confirmed that gaps in employment are now fully explored.	

Area for improvement 3 **Ref:** Regulation 6 **Stated:** First time **To be completed by:** Immediately from the date of inspection **To be completed by:** Immediately from the date of inspection	The registered person shall keep under review the statement of purpose and the service user's guide Ref: 5.2.2 **Action taken as confirmed during the inspection**: Discussion with the Responsible Individual and a review of the Statement of Purpose and Service User Guide confirmed that these documents are now satisfactory.	**Met**
Area for improvement 4 **Ref:** Regulation 19 **Stated:** First time **To be completed by:** Immediately from the date of inspection.	The registered person shall establish and maintain a procedure for managing complaints. Ref: 5.2.2 **Action taken as confirmed during the inspection**: Discussion with the Responsible Individual and a review of the Complaints policy and procedure and the Complaints Monthly Audit/Log confirmed that the system for managing complaints is satisfactory.	**Met**
Area for improvement 5 **Ref:** Regulation 20 (1) **Stated:** First time **To be completed by:** Immediately from the date of inspection.	The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency. This relates specifically to the completion of robust quality monitoring reports on a monthly basis. Ref: 5.2.2 **Action taken as confirmed during the inspection**: Discussion with the Responsible Individual and review of monthly monitoring reports relevant documents confirmed that the agency uses a range of methods to obtain feedback from nurses and service users and this is used to identify any areas where the service can be improved.	**Met**

Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for improvement 1 **Ref:** Standard 2 **Stated:** First time **To be completed by:** Immediately from the date of inspection.	The registered person shall ensure that policies, procedures are in place, reviewed and are subject to systematic review. This specifically refers to the staff handbook, supervision policy, annual safeguarding position report, and annual quality report. Ref: 5.2.2	**Met**
	Action taken as confirmed during the inspection: Discussion with the Responsible Individual and a review of the staff handbook, policies and procedures, the Adult Safeguarding Position Report and the Annual Quality Report confirmed that appropriate action had been taken to address this.	
Area for improvement 2 **Ref:** Standard 7 **Stated:** First time **To be completed by:** Immediately from the date of inspection.	The registered person shall ensure that the selection of nurses for supply ensures appropriate matching of nurses by reviewing previous roles, practice experience and competency. Periodic appraisal reviews should be undertaken with each nurse. Ref: 5.2.2	**Met**
	Action taken as confirmed during the inspection: Discussion with the Responsible Individual and a review of documents confirmed that nurses supplied by the agency have the requisite practice experience and competency for the setting into which they are to be supplied; also that there are satisfactory arrangements in place for nurses to have an appraisal.	

5.2 Inspection findings

5.2.1 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were completed and verified before registered nurses were supplied to the various health care settings.

The person in charge had a policy and system in place to monitor alerts issued by the Department for Health, Social Services and Public Safety for Northern Ireland (DHSSPS) as Chief Nursing Officer (CNO) Alerts are no longer distributed. This indicated that the appropriate checks were undertaken before the registered nurses were employed.

5.2.2 What are the arrangements to ensure robust managerial oversight and governance?

A review of the records confirmed that all registered nurses were appropriately registered with the Nursing and Midwifery Council (NMC). Information regarding registration details, renewal and revalidation dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards. The person in charge was aware that records of any referrals the agency made to the NMC were to be retained.

It was good to note that registered nurses were having supervisions undertaken in accordance with the agency's policies and procedures, as well as NMC guidelines.

Records were retained of clinical supervisions that the registered nurses had availed of during long term placements.

There was now a system in place to ensure that the registered nurses were placed into settings where their skills closely matched the needs of patients. This happens during supervision and is also part of the appraisal process. Nurses were provided with training appropriate to the requirements of the settings in which they were placed. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia, National Early Warning Score (NEWS) and the Management of Actual or Potential Aggression (MAPA), as appropriate to their job roles.

The content of the Adult Safeguarding policy and training was reviewed and was noted to reflect the regional guidance in Northern Ireland.

There were quality monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users and staff. It was noted that the reports routinely monitored any incidents as part of the monthly checks to identify any patterns or trends.

There was now a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection,

these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The alphabetical list of staff employed by the agency was up to date.

Records were retained in accordance with the Nursing Agencies Regulations.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Jonny Cook, Responsible Individual, as part of the inspection process and can be found in the main body of the report.

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