

Inspection Report

Name of Service: Bond Search & Selection Ltd

Provider: Bond Search & Selection Ltd

Date of Inspection: 20 November 2024

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

1.0 Service information

Organisation/Registered Provider:	Bond Search & Selection Ltd
Responsible Individual:	Mr Jonathan Sinclair
Registered Manager:	Ms Mary Bailie (Acting)
Service Profile: Bond Search and Selection Ltd is a nursing agency which currently supplies nurses to a range of care homes.	

2.0 Inspection summary

An announced inspection took place on 20 November 2024, between 9.00 a.m. and 2:00 p.m. This 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 and whistleblowing was also reviewed.

An area for improvement was identified in relation to complaints.

For the purposes of the inspection report, the term 'service user' describes the care homes, the agency's nurses are supplied to work in.

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 registration information and any other written or verbal information received from service users or staff.

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.

During the inspection process inspectors will seek the views of those working for the agency.

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

3.2 What people told us about the service and their quality of life

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

Staff spoke very positively in regard to the agency. One told us that "the agency responds quickly, are all brilliant and are always helpful and kind and want to help". while another stated, that if they had any concerns 'they would be acted upon immediately'.

Service users responded very positively in relation to the agency. One told us that "I have worked with Bond for several years, across a number of services I have managed. They are one of the most reliable agency I have ever had to work with, very good communication and very well trained staff."

A number of registered nurses responded indicating that they felt very satisfied in relation to the training and support provided to them by the agency. Written comments included: "Bond Healthcare offer robust systems for feedback, guidance, and ongoing training to ensure their nurses feel valued and empowered. The app that they use has the most efficient way in booking shifts and ongoing update to employees' files and working schedule and is very easy to use." "I left my full time position to join Bond and it was the best decision I made. Bond are great and the team is always on hand to assist or help with any issues or queries. They don't allow you to work unless all your training is up to date which is really good as ensures everyone is trained to provide safe and effective care which meets the needs of all residents."

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

3.3 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 13 November 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Staffing Arrangements

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

3.4.2 The systems in place for identifying and addressing risks

A review of the records confirmed that all registered nurses were appropriately registered with the 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. Records had been retained of any referrals the agency made to the NMC.

It was good to note that registered nurses had supervisions undertaken in accordance with the agency's policies and procedures.

There was a system in place to ensure that the registered nurses were placed into settings where their skills closely matched the needs of patients. 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) as appropriate to their job roles.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Staff were required to complete adult safeguarding training during induction and every two years thereafter.

All staff had been provided with training in relation to medicines management. A review of medication errors found that appropriate action was undertaken.

3.4.4 The arrangements to ensure robust managerial oversight and governance

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 a lack of evidence of a robust system to ensure that complaints were managed in accordance with the agency's policy and procedure. An area for improvement has been identified. The manager had not received any recent training in complaints management. This training was sourced and attended by the manager following the inspection.

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.

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

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Ms Mary Bailie, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 19 (4)(6)(7)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The Registered Person shall establish a complaints procedure which will include maintaining a record of each complaint, including details of the investigation made, the outcome and any action taken in consequence. The registered person shall supply to the Regulation and Improvement Authority annually a statement containing a summary of the complaints made during the preceding twelve months and the action taken in response</p> <p>Ref: 3.4.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Mary Bailie has completed ' Complaints Awareness Training '</p> <p>A New Document has been created to record and monitor progress of complaints within the time frames stated on our complaints policy. A summary of all complaints and actions taken will be available as part of our annual report.</p>



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