

Inspection Report

22 October 2024



Servisource Limited

Type of Service: Nursing Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Servisource Limited	Registered Manager: Miss Caroline Murphy
Responsible Individual: Ms. Aideen Fahy	Date registered: 4 April 2024
Person in charge at the time of inspection: Registered Manager	
Brief description of the agency operates: Servisource Limited is registered with RQIA as a Nursing Agency and currently supplies registered nurses to care home settings. The agency operates from an office located in Belfast. Servisource Limited also acts as a Recruitment Agency and supplies Health Care Assistants (HCAs) to various healthcare settings. RQIA does not regulate Recruitment Agencies.	

2.0 Inspection summary

An announced inspection was undertaken on 22 October 2024 between 10.50 a.m. and 3.00 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. Adult safeguarding arrangements, complaints, whistleblowing, and the system for retaining records were also reviewed.

Areas for improvement were identified in relation to recruitment procedures and the updating of policies. An area for improvement identified at the previous inspection in relation to the agency's Statement of Purpose was assessed as not met and has been stated for the second time

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

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?

No responses to the electronic survey were received from registered nurses or service users.

5.0 The inspection

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

Areas for improvement from the last inspection on 5 September 2022		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 4 (1) Stated: First time	The registered person shall ensure the Statement of Purpose is reviewed to include all areas outlined in the Nursing Agency Minimum Standards.	Not met
	Action taken as confirmed during the inspection: Inspector confirmed that all areas outlined in the Nursing Agency Minimum Standards are not included in the Statement of Purpose.	

<p>Area for improvement 2</p> <p>Ref: Regulation 15 (2)(e)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the Staff Handbook is reviewed as outlined in this report; the training policy is updated as outlined in this report to include all mandatory training requirements and training provided on Deprivation of Liberties Safeguarding (DoLS) appropriate each staff member's job role; the training policy should also state that any legislation and guidance relates specifically to N.I.</p> <p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed the Staff Handbook and Training Policy had been updated as required at the time of inspection.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 18 (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the Management of Records Policy includes the records as outlined in The Nursing Agencies Regulations (Northern Ireland) 2005</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of the Management of Records Policy evidenced that this area for improvement had been addressed.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the policy on Supervision is reviewed in keeping with best practice.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of the Supervision Policy evidenced that this area for improvement had been addressed.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 1.10</p>	<p>The registered person shall ensure that the service user guide is reviewed to include all areas outlined in the Nursing Agency Minimum Standards.</p>	<p>Met</p>

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed all areas outlined in the Nursing Agency Minimum Standards (2008) are included in the Service User Guide.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the adult safeguarding policy and procedure is reviewed and is in accordance with the regional policies and procedures as they apply in N.I.</p> <p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that this area for improvement has been met</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall confirm that the adult safeguarding champion undertakes the relevant training within a set timeframe.</p> <p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that this training had been undertaken by the Adult Safeguarding Champion.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the induction policy and associated documentation is further developed to reflect the proposed delivery of a structured orientation and induction programme for newly appointed staff.</p> <p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that this area for improvement has been met.</p>	<p>Met</p>

Area for improvement 5 Ref: Standard 1.16 Stated: First time	The registered person shall ensure that the policy on professional registrations is further developed to reflect that the NMC live register is to be checked on a monthly basis.	Met
	Action taken as confirmed during the inspection: Inspector confirmed this area for improvement has been met.	

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 of criminal record checks (AccessNI) were completed and verified before registered nurses were supplied. There was limited evidence that references had been sourced from a nurse's present or most recent employer. It was also noted that there no explanation had been sought for gaps in employment records. An area for improvement has been identified.

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 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.

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 and Dysphagia.

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.

A selection of policies was reviewed by the inspector. It was noted that the Absence of Manager Policy did not reflect the appropriate legislation and Standards. This has been identified as an area for improvement.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

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 available along with current certificates of public and employers' liability insurance.

The Agency's Statement of Purpose required improvement in keeping with Nursing Agency Minimum Standards (2008). An area for improvement has been stated for the second time in this regards.

6.0 Quality Improvement Plan/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).

	Regulations	Standards
Total number of Areas for Improvement	2*	1

* the total number of areas for improvement includes one that has been stated for a second time.

The areas for improvement and details of the QIP were discussed with Miss Caroline Murphy, Registered Manager and Miss Jane O'Rourke, Quality and Compliance 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	
Area for improvement 1 Ref: Regulation 4 (1) Stated: Second time To be completed by: Immediate and ongoing from date of inspection	<p>The registered person shall ensure the Statement of Purpose is reviewed to include all areas outlined in the Nursing Agency Regulations and Minimum Standards.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Actions: JORourke (Quality and Compliance Manager) and AFahy (Registered Person) to review Statement of Purpose to include stand alone section on safeguarding, further information on our staff training(trained into Lvl 3), updated to reflect correct contact details, and details of adult protection teams to ensure staff are aware who to contact. Deadline: 29/11/2024 Status: COMPLETE</p>
Area for improvement 2 Ref: Regulation12 (1) (d) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that references are sourced from present or recent employers and any gaps in employment records are explained for registered nurses who are supplied by the agency.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Action: Review reference checking procedure to ensure CV's are cross referenced with references provided, and that gaps in employment are addressed. Professional references must be gathered. Policy to be reviewed and training to be provided to recruitment teams. Deadline: Policy/ Procedure Review 29/11/2024 Training: End of Q4 Status: ONGOING</p>
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
Area for improvement 1 Ref: Standard 2.5 Stated: First time	<p>The registered person shall ensure that policies and procedures are subject to systematic review. This specifically refers to the Absence of Manager Policy.</p> <p>Ref: 5.2.2</p>

<p>To be completed by: Immediate and ongoing from date of inspection</p>	<p>Response by registered person detailing the actions taken: Action: Ensure all active policies and procedures are up on QPulse (Quality Management System) and automatic review set to be reviewed every 3 years. Owner to be assigned as AFahy until Registered Manager is assigned. Absence of Nurse Manager to be reviewed immediately. Deadline: QPulse updated: end of Q4 Absence of Nurse Manager review: 29/11/2024 Status: COMPLETE</p>
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