



# Announced Care Inspection Report 31 January 2019



## Direct Healthcare 24 Plc

**Type of Service: Nursing Agency**  
**Address: 10 Lower Grosvenor Place, London, SW1W 0EN**  
**Tel No: 08448404404**  
**Inspector: Aveen Donnelly**

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

Direct Healthcare 24 PLC is a nursing agency operating out of an office located at 10 Lower Grosvenor Place, London. The agency currently supplies registered nurses to Health and Social Care Trust (HSCT) hospitals within Northern Ireland.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Direct Healthcare Plc  <b>Responsible Individual:</b> Mr Nicholas Paul Poturicich	<b>Registered Manager:</b> Tara Margareata Morgan
<b>Person in charge at the time of inspection:</b> Operations Manager	<b>Date manager registered:</b> 14 December 2017

### 4.0 Inspection summary

An announced inspection took place on 31 January 2019 from 10.00 to 15.00.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction, training, engagement with staff and service users and adult protection.

An area for improvement was identified in relation to the recruitment processes.

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.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, 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.

## 4.2 Action/enforcement taken following the most recent care inspection dated 16 November 2017

No further actions were required to be taken following the most recent inspection on 16 November 2017.

## 5.0 How we inspect

Specific methods/processes used in this inspection include the following:

- discussion with the Operations Manager and a member of the agency's compliance staff
- examination of records
- evaluation and feedback

Prior to inspection the following records were analysed:

- previous RQIA inspection report
- any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- monthly quality monitoring reports
- records relating to staff supervision, appraisal and training
- complaints records
- accident records
- records relating to Adult Protection
- recruitment records pertaining to three registered nurses
- staff induction records
- Induction Policy
- Recruitment Policy
- Management of Records Policy
- Quality Assurance and Improvement Policies
- Adult Safeguarding Policy
- Whistleblowing Policy
- Supervision Policy
- Complaints Policy
- Statement of Purpose
- Service User Guide

The inspector spoke with two registered nurses, by telephone on 13 February 2019. Comments are reflected within the report.

At the request of the inspector, the person in charge was asked to display a poster within the agency's registered premises. The poster invited staff to provide their views by an electronic means to RQIA regarding the quality of service provision; no responses were received.

Information leaflets were provided for display outlining the process for raising concerns about Health and Social Care services.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 16 November 2017**

There were no areas for improvement made as a result of the last care inspection undertaken on 16 November 2017.

## **6.3 Inspection findings**

### **6.4 Is care safe?**

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of a team of senior managers, who had responsibility for managing areas such as recruitment, complaints, service user feedback, training and development.

During the inspection the inspector discussed the staffing arrangements in place within the agency and was 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.

The review of recruitment records indicated that pre-employment information had generally been completed and verified satisfactorily. However, the files reviewed identified that the system for exploring gaps in employment was not sufficiently robust. In addition, it was noted that the full employment histories were not consistently recorded in the records reviewed. This was discussed with the person in charge, who agreed to amend the agency's recording system, to ensure that this information would be available for future inspection. This has been identified as an area for improvement.

The agency's induction policy outlines the induction programme provided to registered nurses prior to their commencement of employment. The agency maintains a record of the induction programme provided to the nurses; documentation viewed outlined the information and support provided during the induction process. Local induction was provided to nurses at the start of placements, according to the local trust protocols. A 'buddy' system was also in place, where nurses from the agency, working in the same setting, were placed on the same working shift, where possible. This aimed to provide on-site support to the nurses.

The agency's supervision and appraisal policies outline the procedures and timescales for staff supervision and appraisal. An electronic system was in place, which ensured good management oversight of when nurses were due to have formal supervisions. The review of the records confirmed that supervisions and appraisals had been undertaken with staff, in keeping with the agency's policies.

The agency requests that service users complete feedback reports in relation to the performance of the nurses provided. Any issues arising from the feedback reports or any incident reports are discussed with the nurses, as appropriate.

There was a 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. There was also evidence that nurse' registrations were checked on a weekly basis, when any registered nurse was returning to work after a period of leave and at the revalidation date. This is good practice and is commended.

Through discussion, it was evident that the agency supported the staff in achieving the requirements for revalidation the NMC.

Nurses are required to complete induction training in a range of mandatory areas. Individual staff records reviewed indicated that nursing staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified.

The agency has an electronic system in place for recording staff training; it was noted that the system will highlight when training updates are required. The record indicated that staff provided for work have successfully completed required mandatory training and in addition any training specific to the needs of individual service users. There was a procedure in place for informing nursing staff when training updates are required and stated that staff are not provided to work if training updates have not been completed. Additional training in areas such as Conflict Prevention and Management, Complaints Handling, Consent and Confidentiality and Counter Fraud Awareness can also be provided to relevant staff.

The inspector reviewed the agency's provision for the welfare, care and protection of patients. The agency had reviewed and updated their policy and procedures to reflect the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015. An Adult Safeguarding Champion (ASC) had been appointed for the agency; and had commenced the process of completing the annual position report. Through discussion, it was evident that the management team were knowledgeable in relation to the reporting procedures and a review of the records confirmed that any adult safeguarding incidents had been managed appropriately. Advice was given in relation to including local safeguarding contact details in the staff handbook.

There were processes in place for identifying, managing and where possible eliminating unnecessary risk to patients health, welfare and safety. It was noted that 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 registered nursing staff.

## Areas of good practice

Areas of good practice were identified in relation to staff induction, training, appraisal and the agency's adult protection processes.

## Areas for improvement

An area for improvement has been made in relation to the recruitment processes.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

During the inspection the inspector reviewed that agency's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose and Service User Guide.

The agency's management of records and information policy detailed the process for the creation, storage, retention and disposal of records; it was noted from documentation viewed that the recording keeping procedure was not in accordance with legislation and should be revised to reflect the timescales in which records should be retained, as a period of not less than eight years from the date of last entry. Following the inspection, an updated policy was submitted to RQIA on 4 February 2019. The inspector was satisfied that this had been addressed.

Through discussion, it was evident that the agency has systems in place to monitor, audit and review the effectiveness and quality of the service provided to service users. The systems include processes for the review of training, complaints, incidents, safeguarding referrals and in addition audits of service user feedback and documentation. A quality monitoring review and report were completed on a monthly basis.

Processes to promote effective communication with service users, agency nurses and other relevant stakeholders were evident on inspection.

Through discussion, it was evident that the agency seeks to maintain effective working relationships with service users. Service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of nurses provided. Feedback was also obtained on the staff timesheets, in relation to the performance of the staff provided.

There were clear processes in place to address any concerns relating to individual staff members. The review of records indicated that the agency's procedure for dealing with concerns was robust and provided evidence of collaborative working with other relevant stakeholders.

### Areas of good practice

Areas of good practice were identified in relation to record keeping, communication and the agency's quality monitoring process.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

It was identified that staff are provided with information relating to confidentiality during their induction programme; the agency's staff handbook includes a number of key policies including the agency's confidentiality policy.

The agency has in place on call arrangements to ensure that nurses and service users can report concerns they may have regarding a placement or to access support and guidance. Staff nurses were also encouraged to raise any concerns they may have via the agency's web portal.

The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

The inspector noted that the agency has in place a system for obtaining the views and opinions of service users. The inspector was advised of the processes for receiving feedback from service users following the provision of staff nurses. Formal processes to record and respond to service user feedback are maintained through the agency's complaints, incidents and monthly quality monitoring processes. Views of service users had also been sought as part of the annual monitoring processes.

As part of the inspection process, the inspector spoke with two registered nurses, who indicated that they were satisfied with the service provided by the agency.

### Areas of good practice

Areas of good practice were identified in relation to communication and effective engagement with service users.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector reviewed the agency's management and governance systems in place to meet the needs of service users.

It was identified that the agency has a range of policies and procedures in place. Advice was given in relation to recording the review dates of policies to ensure that they were reviewed and updated in accordance with the Minimum Standards, relevant legislation and guidelines.

Policies and procedures were retained electronically which staff could access. A number of key policies and procedures were included within the agency's staff handbook.

Records viewed indicated that the agency's governance arrangements promote the identification and management of risk. These include provision of relevant policies and procedures; monitoring of training; monthly audit of registration status with the NMC, complaints, safeguarding incidents and incidents notifiable to RQIA. A Quality Report was undertaken and a service improvement plan was developed on an annual basis.

The agency's complaints policy outlines the procedure for managing complaints. A review of records confirmed that all complaints had been managed appropriately. Service users' were encouraged to raise any concerns via the agency's web portal system.

Governance and management arrangements were in place to drive quality improvement. Arrangements for the ongoing management and monitoring of incidents and complaints were reviewed.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff.

The agency's Statement of Purpose and Service User Guide are kept under review.

On the date of inspection the RQIA certificate of registration was viewed and was reflective of the service provided.

Through discussion it was evident that there are effective collaborative working relationships with service users. The agency has a process for ensuring that they actively seek feedback from service users following staff have been provided; the inspector viewed feedback received by the agency and noted that they contained a range of positive comments in relation to the service provided.

### Areas of good practice

Areas of good practice were identified in relation to the agency's policies and procedures; engagement with service users and the management of complaints.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, 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.

### 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (d) Schedule 3 (8)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (d)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 full employment histories to be recorded, together with a satisfactory written explanation of any gaps in employment.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Following the inspection by the RQIA we have updated our registration portal. As a result of this; full employment histories of all prospective candidates being deployed in Northern Ireland are collected.</p> <p>In addition to this there is the provision for candidates to explain employment gaps which will be verified by the Registered Manager prior to an employment decision being made.</p>

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



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