

# Announced Care Inspection Report 10 March 2020



## SOS Medical

**Type of Service: Nursing Agency**  
**Address: 132 Burnt Ash Road, London, SE12 8PU**  
**Tel No: 03333399390**  
**Inspector: Bridget Dougan**

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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

This is a nursing agency which currently supplies five registered nurses to hospitals operated by Belfast HSC Trust.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> SOS Medical Limited  <b>Responsible Individual:</b> Mr Ankit Goyal	<b>Registered Manager:</b> Ms Bulelwa Patience Socenywa
<b>Person in charge at the time of inspection:</b> Mr Ankit Goyal	<b>Date manager registered:</b> 12 March 2019

### 4.0 Inspection summary

An announced inspection took place on 10 March 2020 from 11.00 to 14.00.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

As a public-sector body, RQIA have duties 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 providers that they take all reasonable steps to promote people's rights. Service users have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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 and the agency's engagement with service users.

One area for improvement was identified in relation to the completion of monthly quality monitoring reports.

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 responsible person, 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.

## 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report and QIP
- all correspondence received by RQIA since the previous inspection

The inspector spoke with Mr Ankit Goyal, responsible person. Comments received are included within the body of the report.

At the request of the inspector, the responsible person was asked to provide staff with the contact details of the inspector. Staff were invited to contact the inspector to provide feedback regarding the quality of service provision; no responses were received.

The following records were examined during the inspection:

- A range of policies and procedures regarding recruitment, induction, staff supervision and appraisal, safeguarding adults, whistleblowing, record keeping, confidentiality and incidents management.
- Statement of purpose.
- Service user guide.
- Two staff members' recruitment records.
- Two staff members' induction records.
- Two staff members' training and competency assessment records.
- Staff Nursing and Midwifery Council (NMC) registration checking process.
- Quality audits and governance arrangements.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 12 February 2019

The most recent inspection of the agency was an announced pre-registration care inspection. The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 12 February 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Minimum Standards 2008		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 9.1 <b>Stated:</b> First time	The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with regional policies and procedures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The adult safeguarding policy and procedure has been reviewed and is in accordance with regional policies and procedures.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 9.2 <b>Stated:</b> First time	The registered person shall ensure the safeguarding children policy and procedure is reviewed and is in accordance with regional policies and procedures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The safeguarding children policy and procedure has been reviewed and is in accordance with regional policies and procedures.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 8 <b>Stated:</b> First time	The registered person shall ensure the complaints policy and procedure is reviewed and is in accordance with regional guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The complaints policy and procedure has been reviewed and is in accordance with regional guidance.	

## 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.**

The agency's recruitment policy outlines the procedures for ensuring that the required staff pre-employment checks are completed prior to commencement of employment. The agency retains a record of checks completed; the responsible person confirmed that information is reviewed and verified by the manager and that registered nurses are not permitted to work until all pre-employment checks have been satisfactorily completed and verified. Staff recruitment records viewed evidenced that required checks had been completed.

Registered nurses are required to complete an induction and in addition, to complete training in a range of mandatory areas prior to their commencement of employment. A record of induction provided to staff is maintained; records viewed outline the information and support provided to staff during the induction process.

There was a rolling programme of training, competency assessments, supervision and appraisal. Discussion with the responsible person and review of a supervision planner confirmed that staff had received supervision and appraisal in accordance with the time frames specified in the agency's procedures.

The agency has a system for recording training completed by staff and for highlighting when training is required. The responsible person stated that registered nurses are not permitted to work if annual training updates have not been completed. It was good to note that additional training had been provided to staff in areas such as consent, record keeping, confidentiality, whistleblowing and Deprivation of Liberty Safeguards (DOLS).

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records and discussion with the responsible person confirmed that there had been no potential safeguarding incidents since the previous inspection.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that staff had been made aware of the ASC and how to contact them. The ASC Annual Position Report had not yet been completed and the responsible person was advised that RQIA will wish to review evidence of the report following the implementation date of 1 April 2020. The responsible person was signposted to further guidance in relation to the ASC Annual Position Report.

The responsible person stated that nurses employed by the agency are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction and in the agency's staff handbook. It was identified from discussions with the responsible person and documentation viewed that staff are required to complete adult safeguarding training during their initial induction and annually thereafter. Training records viewed during the inspection indicated that staff had completed appropriate training.

The responsible person could describe the procedure for reporting any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they may be required to be involved in.

The responsible person could describe the procedure for appropriately matching the individual skills of the registered nurses employed to the needs of the service users; this includes the completion of a skills and experience profile during the interview process and ongoing training, development and competency assessments following employment.

The agency has a system for monitoring and recording the registration status of nurses with the NMC; the responsible person described the process for checking the NMC register on a monthly basis to ensure that all staff are registered.

The responsible person explained the systems in place to seek, record, monitor and retain service user comments regarding the quality of care provided by the agency. Methods included feedback obtained via nurse timesheets and meetings with the hospital nurse bank manager.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, and supervision.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.5 Is care effective?

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

The inspector reviewed the 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 does not provide services for private patients living in their own homes.

Discussions with the responsible person and documentation viewed provided evidence that the agency has systems in place to monitor, audit and review the effectiveness and quality of the service provided. The systems were noted to include processes for the review of compliance levels of training completed by staff, nurses' registration status with the NMC, audits of complaints, accidents, incidents, referrals relating to adult protection and audits of service user feedback and documentation. It was noted that a monthly quality monitoring report was not completed by the responsible person. An area for improvement has been identified.

Systems to promote and achieve effective communication with service users, the agency's registered nurses and other relevant stakeholders were evident on inspection. Discussions with

the responsible person provided evidence that the agency seeks to develop and maintain effective working relationships with service users. The manager stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of registered nurses provided. The agency has systems in place for obtaining the comments of service users in relation to staff provided; as stated in section 6.4, they include staff feedback forms and face to face meetings with service users.

### Areas of good practice

Areas of good practice were identified in relation to communication with service users and the agency's training programme.

### Areas for improvement

One area for improvement was identified in relation to the completion of monthly quality monitoring reports in accordance with Regulation 20.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 noted that the agency's staff handbook and information provided to all registered nurses during their initial induction programme contains details of a number of key policies and procedures including the agency's confidentiality policy. The policy relating to confidentiality outlines the actions required by staff to ensure confidentiality is maintained at all times.

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

The agency has on call arrangements in place to ensure that staff and service users can report concerns they may have regarding a placement, or to access support and guidance. The agency's staff handbook clearly outlines the process for staff in relation to reporting concerns.

Discussions with the responsible person indicated that the promotion of values such as dignity, choice, equality and respect were embedded in the culture and ethos of the organisation.

The responsible person described the processes for engaging with service users in order to obtain feedback and this is discussed in sections 6.4 and 6.5 above. Comments received from service users indicated that they were very satisfied with the services provided.

We were informed that all five registered nurses employed by the agency were unavailable to speak with the inspector during the inspection. Telephone contact details for the inspector were provided to the responsible person. Staff were invited to contact the inspector following the inspection to give their views regarding the quality of service provision; no responses were received.

### Areas of good practice

Areas of good practice were identified in relation to communication and ongoing engagement with service users, staff and the promotion of values such as confidentiality, dignity and respect.

### Areas for improvement

No areas for improvement were identified 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 responsible person outlined the management arrangements and governance systems in place within the agency.

A range of policies and procedures were in place which directs the quality of services provided by the agency. Policies/procedures were readily available, centrally indexed and compiled electronically for agency staff. An overview of the policies and procedures was also provided in staff handbooks.

Records viewed and discussions with the responsible person indicated that the agency's governance arrangements promote the identification and management of risk. These include provision of relevant policies and procedures; monthly audit of registration status with the NMC, staff training, complaints, incidents and safeguarding.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints management. Discussion with the responsible person and review of complaints received since the previous inspection evidenced that appropriate systems were in place for the management of complaints.

The agency's incident policy outlines the process for managing incidents and the reporting arrangements for RQIA and other relevant agencies. It was identified that the agency has a system for retaining a record of accidents, incidents and safeguarding referrals made and of actions taken.

SOS Medical nursing agency had systems in place to ensure that staff were well informed of the responsibilities of their roles and the expected standards of practice. The responsible person confirmed that there were good working relationships between management and staff.

Discussion with the responsible person evidenced that an annual quality report has not yet been completed; however plans were in place to complete this report within the coming weeks. We were informed that information has been collected on a monthly basis in relation to complaints, accidents/incidents, staff training as well as service user and staff feedback.

### Areas of good practice

Areas of good practice were identified in relation to the agency's governance arrangements and engagement with stakeholders.

### 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 Mr Ankit Goyal, responsible person, 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 20 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 April 2020</p>	<p>The registered person shall ensure that a system is in place to review the quality of the service and a report is produced on a monthly basis. The review shall include consultation with staff and service users and/or their representatives.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>During our Audit in march 2020, we were advised that we need to maintain a monthly quality Monitoring reports. We have been doing this on a weekly basis and have also implemented a monthly report. So we can confirm this action is not complete.</p> <p>Thankyou.</p>

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



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