

Announced Care Inspection Report 26 March 2018



First Choice Selection Services Ltd

Type of service: Nursing Agency
Address: Cathedral Terrace, 23 Church Street Belfast BT1 1PG
Tel No: 02890313693
Inspector: Joanne Faulkner

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

First Choice is a nursing agency which currently provides registered nurses to service users in a variety of settings throughout Northern Ireland. These include Health and Social Care Trust's (HSCT) and industry.

3.0 Service details

Registered organisation/registered person: First Choice Selection Services Ltd/Paul Crean	Registered manager: Lauren Crean - Acting
Person in charge of the service at the time of inspection: Paul Crean	Date manager registered: No application received

4.0 Inspection summary

An announced inspection took place on 26 March 2018 from 11.15 to 14.15.

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

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, training and record keeping.

Two areas for improvement in relation to the agency's recruitment and adult safeguarding policies were identified at the last care inspection. They were reviewed by the inspector and assessment of compliance recorded as partially met and are stated for a second time.

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
Total number of areas for improvement	0	2*

Details of the Quality Improvement Plan (QIP) were discussed with Paul Crean, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

*Two areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded partially met; they will be stated for a second time.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 31 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 31 March 2017.

5.0 How we inspect

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

- discussion with the registered person
- examination of records
- evaluation and feedback

Prior to inspection the following records were analysed:

- previous RQIA inspection report and QIP
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Quality audit information
- Records relating to staff supervision and training
- Complaints records
- Incident records
- Records relating to Adult Protection
- Recruitment records
- Staff induction records
- Statement of Purpose
- Service User Guide

During the inspection the inspector viewed a range of policies and procedures. It was identified that those viewed had been issued or reviewed within the previous three years which is in accordance with timescales detailed in the minimum standards.

During the inspection the inspector met with the registered person. 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.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The inspector would like to thank the registered person for their co-operation throughout the inspection process.

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 31 March 2017

The most recent inspection of the agency was an announced 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 31 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Requirement 1 Ref: Regulation 14. (2)(a) Stated: First time To be completed by: 31 May 2017	The registered provider shall ensure that each employee of the agency- (a) receives appropriate supervision.	Met
	Action taken as confirmed during the inspection: The inspector noted from staff personnel records viewed that staff receive annual supervision and appraisal.	
Action required to ensure compliance with The Nursing Agencies Minimum Standards 2008		Validation of compliance
Recommendation 1 Ref: Standard 4.1 Stated: First time To be completed by: 31 May 2017	The registered provider should ensure the policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements.	Partially met
	This relates specifically to the recruitment policy making appropriate reference to the requirement for two written references to be obtained and confirmation of current registration with NMC to be included in the list of checks completed. Action taken as confirmed during the inspection: The inspector viewed the agency's recruitment	

	policy, March 2017 and noted it made reference to NMC registration however it did not make reference to two written references being obtained in relation to recruitment of staff.	
Recommendation 2 Ref: Standard 9.1 Stated: First time To be completed by: 31 May 2017	<p>The registered provider should ensure that procedures for protecting vulnerable adults are in accordance with legislation, DPHSSP guidance, regional protocols and procedures issued by the Health and Social Services Boards and HSC Trusts.</p> <p>Action taken as confirmed during the inspection: It was noted that the agency had reviewed and updated their adult protection policy; however it was identified that reference had not been made in relation to the agency's Adult Safeguarding Champion (ASC).</p>	Partially met
Recommendation 3 Ref: Standard 1.12 Stated: Third time To be completed by: 31 May 2017	<p>It is recommended that the registered person ensures that a monthly report on the quality of services it provides is further developed to include details of additional areas considered by the registered person whilst completing the monthly monitoring of the quality of service.</p> <p>Action taken as confirmed during the inspection: The inspector viewed records of audits completed by the agency; it was identified that due to the small number of nurses supplied that information is limited and that obtaining the views of service users regularly can be a challenge for the agency.</p> <p>The person in charge stated that the information collated would be appended to the monthly report developed for another of organisations regulated services and available for inspection.</p>	Partially met
Recommendation 3 Ref: Standard 1.12 Stated: Third time To be completed by: 31 May 2017	<p>The registered person shall ensure that the statement of purpose is kept under review.</p> <p>This relates specifically to the Statement of Purpose being updated to include details of the registered manager and the organisational structure of the agency.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed that agency's organisational structure of the agency attached to the Statement of Purpose and identified that it had been updated to include details of the manager.</p>	
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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 inspector reviewed staffing arrangements in place within the agency.

The agency's recruitment policy details the process in place for ensuring that required staff pre-employment checks are completed prior to commencement of employment. A record of the checks that have been completed is maintained by the agency; the person in charge stated that the information is verified by the manager. The inspector discussed with the person in charge the need for the checklist to be signed by the manager. The person in charge stated that registered nurses are not provided until required checks have been completed. It was noted that staff are required to complete an Access NI check annually. Staff recruitment records viewed by the inspector were retained in a secure manner.

Registered nurses employed by the agency are required to complete an induction prior to their commencement of employment and to complete a range of mandatory training. A record of induction is maintained; induction records viewed for one staff member outlined the information and support provided to staff during the induction process. The person in charge stated that nurses are required to receive induction at the commencement of a work placement. Staff are provided with an induction pack which was noted to include the agency's staff handbook which includes a number of key policies and a job description.

The person in charge stated that staff are not permitted to work if training is out of date. Staff personnel records viewed indicated that staff had not been supplied prior to the required pre-employment checks and documentation relating to training have been received.

The agency's supervision and appraisal policy outlines the procedures and timescales for staff supervision and appraisal; it was noted that registered nurses are required to participate in annual supervision and appraisal. Personnel records of individual staff indicated that they had received appraisal in accordance with the agency's policies and procedures. It was noted that the agency seeks to obtain feedback from service users; this is discussed with staff during the appraisal process.

The agency has a system for recording staff training; it was noted that the manager will highlight to registered nurses when training updates are required. The person in charge stated that registered nurses are not provided with work placements if annual training updates have not been completed.

The inspector reviewed the agency's provision for the welfare, care and protection of patients. It was identified that the agency's policy and procedures reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015. The agency has an identified Adult Safeguarding Champion (ASC). It was noted that the policy needs to provide details of the responsibilities of the ASC. An area for improvement was identified.

The person in charge could describe the role of the agency's safeguarding officer and 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 are required to be involved in. It was noted that the agency's weekly audit process reviews referrals made in relation to adult protection.

The inspector reviewed records maintained in relation to safeguarding vulnerable adults; discussions with the person in charge and documentation viewed indicated that the agency has made no referrals in relation to adult safeguarding matters since the previous inspection.

Registered 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. Discussions with the person in charge and documentation viewed indicated that staff are required to complete adult safeguarding training during their initial induction and in addition an annual update. Training records viewed indicated that staff had completed appropriate training in relation to adult protection.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to patients health, welfare and safety.

The person in charge could describe the process for appropriately matching nursing skills to placement; it included obtaining information in relation to the experience of the nurse during the interview process. The agency provides service users with relevant staff profiles when confirmation of a shift is provided.

The agency has a system for recording the nurses registration status with the NMC; the person in charge could describe the process for checking the NMC register on a six monthly basis to ensure all staff are registered and to identify if any staff have had conditions placed on their registration. The agency retains details of staff registration status in individual staff personnel records and in addition a register of expiry dates is retained.

The agency requests that service users complete feedback reports in relation to the performance of registered nurses provided; the person in charge highlighted the challenges in receiving feedback due to the small number of nurses currently supplied.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose. During the inspection documentation was noted to be retained securely and in an organised manner; personal computers (PC's) were noted to be password protected.

Areas of good practice

Areas of good practice were identified in relation to staff recruitment, induction, training and appraisal processes.

Areas for improvement

Two areas for improvement identified during the previous care inspection were assessed as partially met and have been stated for a second time; they relate to the agency's recruitment and adult safeguarding policies.

	Regulations	Standards
Total number of areas for improvement	0	2

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 inspector noted that documentation viewed was maintained in an organised and secure manner and in accordance with legislation, standards and the organisational policy.

Discussions with the person in charge and documentation viewed provided evidence that the agency has systems in place to audit and review the effectiveness and quality of the service provided to service users. The systems include processes for the review of training compliance, registered nurses' registration status with the NMC, complaints, incidents and referrals relating to adult protection.

A quality monitoring audit is completed and an audit report developed. The inspector discussed with the person in charge the need to further develop the report to provide a wider range of information and an action plan, and to include comments made by service users and relevant stakeholder in relation to the quality of the service provided. The registered person discussed that due to the agency currently only supplying a small number of nurses and that the placements are long term that monthly feedback from the service users is more difficult to obtain.

Discussions with the person in charge provided evidence that the agency seeks to develop and maintain effective working relationships with service users. The person in charge 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 person in charge described the procedure for addressing concerns relating to individual staff members; it indicated that the agency's procedure for dealing with concerns is effective.

Areas of good practice

Areas of good practice were identified in relation to record keeping.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The agency’s staff handbook provided to all staff during their initial induction includes a number of key policies including the agency’s confidentiality policy. The agency’s policy relating to confidentiality outlines the actions required by staff to ensure confidentiality is maintained at all times.

The agency has systems for obtaining the views of service users in relation to staff performance; the person in charge described the process for engaging with service users in order to obtain feedback. It was noted that a number of staff are in long term bookings and therefore limited feedback is routinely received.

Discussions with the person in charge during the inspection indicated that the promotion of values such as dignity and respect were embedded in the culture and ethos of the organisation.

The person in charge described the agency’s 24 hour on call system which staff and service users can access to gain support and guidance; contact with the registered person can be accessed if required.

Registered nurses are provided with details of the agency’s ‘Whistleblowing Policy’; it outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

The person in charge described the processes for receiving feedback from service users following the provision of registered nurses and the challenges in receiving feedback due to the fact that nurses are supplied for long term block bookings. Formal processes to record and respond to service user feedback are maintained through the agency’s complaints process.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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. The agency has a range of policies and procedures in place which were noted to be reviewed and updated annually. It was identified that policies and procedures are retained in a paper format stored within the agency's office; the person in charge stated that staff are provided with a range of key policies in the staff handbook and can request a copy of additional policies if required.

Records viewed and discussions with the person in charge indicated that the agency's governance arrangements promote the identification and management of risk. These include provision of relevant policies and procedures, audit of registration status with the NMC, complaints, training, safeguarding incidents and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure and timescales for managing complaints; records viewed indicated that the agency has received no complaints since the previous inspection. The policy was noted to include details of the Northern Ireland (NI) ombudsman.

Discussion with the person in charge indicated that they had an understanding of the agency's complaints procedure and the process for managing complaints. The agency has a process for recording details of complaints received and the actions taken.

The agency's incident policy outlines the process for managing incidents and the reporting arrangements for RQIA and other relevant agencies. The agency has a process for retaining a record of incidents and of actions taken.

The agency's arrangements for the ongoing monitoring of incidents and complaints were reviewed. The person in charge could describe the need to monitor the service provided to identify areas for improving the quality of the service. Records viewed by the inspector provided evidence of appropriate staff induction, training and appraisal.

The organisational and management structure of the agency is appended to the Statement of Purpose; it identifies lines of accountability and the roles of staff. The person in charge stated that registered nurses are provided with a job description at the commencement of employment which outlines the responsibilities of their job role.

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

Discussion with the person in charge indicated that the agency promotes effective working relationships with service users.

Areas of good practice

Areas of good practice were identified in relation to the agency's policies and procedures and the management of incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Paul Crean, Registered 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 and/or the Nursing Agencies Minimum Standards, 2008.

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 Minimum Standards, 2008	
<p>Area for improvement 1</p> <p>Ref: Standard 4.1</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered provider should ensure the policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements.</p> <p>This relates specifically to the recruitment policy making appropriate reference to the requirement for two written references to be obtained.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The policy now includes this requirement</p>
<p>Area for improvement 2</p> <p>Ref: Standard 9.1</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered provider should ensure that procedures for protecting vulnerable adults are in accordance with legislation, DPHSSP guidance, regional protocols and procedures issued by the Health and Social Services Boards and HSC Trusts.</p> <p>This relates specifically to the policy including details of the role of the agency's Adult Safeguarding Champion (ASC).</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The procedures for protecting vulnerable adults are in accordance with legislation</p>

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



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