

Announced Care Inspection Report 27 March 2019



First Choice Selection Services Ltd

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

www.rqia.org.uk

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 Selection Services Ltd is a nursing agency which supplies registered nurses to a range of settings. These include Health and Social Care Trust (HSCT) facilities and care homes.

3.0 Service details

Organisation/Registered Provider: First Choice Selection Services Ltd Responsible Individual: Mr Paul Crean	Registered Manager: Ms Lauren Crean- application not yet submitted
Person in charge at the time of inspection: Branch manager	Date manager registered: Ms Lauren Crean- application not yet submitted

4.0 Inspection summary

An announced inspection took place on 27 March 2019 from 10.30 to 12.30

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 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 communication with service users and other relevant stakeholders.

No areas for improvement were identified during the inspection.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 26 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 March 2018.

5.0 How we inspect

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

- discussion with the registered person and branch manager
- 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:

- Staff recruitment records
- Staff induction and training records
- Records relating to staff supervision and appraisal
- Records relating to Adult Protection
- Service user feedback records
- Audit reports
- Complaints records
- Incident records
- Staff Handbook
- Statement of Purpose

During the inspection the inspector met with the registered person and the branch manager. At the request of the inspector, the branch manager 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.

In addition the inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received prior to the issuing of this report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 March 2018

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 26 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for improvement 1 Ref: Standard 4.1 Stated: Second time To be completed by: Immediate from the date of inspection	The registered provider should ensure the policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements. This relates specifically to the recruitment policy making appropriate reference to the requirement for two written references to be obtained.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the agency’s staff recruitment policy and noted it had been updated to reflect that two written references are required to be obtained.	
Area for improvement 2 Ref: Standard 9.1 Stated: Second time To be completed by: Immediate from the date of inspection	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. This relates specifically to the policy including details of the role of the agency’s Adult	Met

	Safeguarding Champion (ASC).	
	<p>Action taken as confirmed during the inspection: The policy was updated to include details of the role of the ASC.</p>	

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 outlines the procedures for ensuring that required staff pre-employment checks are completed prior to commencement of employment or supply of staff. The person in charge provided assurances that registered nurses are not provided until all pre-employment checks have been satisfactorily completed.

Records viewed during the inspection indicated that required checks had been completed prior to the commencement of employment; details of checks completed are retained in staff personnel files.

Registered nurses supplied by the agency are required to complete an initial induction and a range of mandatory training prior to their commencement of employment. A record of induction provided to staff is maintained.

Staff are provided with induction information which was noted to include the agency’s staff handbook and job description. In addition the agency requires that staff receive an induction at the commencement of a work placement; the inspector discussed with the person in charge the benefits of retaining a record of this induction.

The agency has a system for recording training completed by staff and for highlighting training required; it was noted that nurses are required to complete training updates annually. The agency has a process for informing staff when training updates are required. The person in charge stated that registered nurses are not provided with work placements if required training updates have not been completed.

The person in charge stated that registered nurses are required to participate in supervision/ annual appraisal. Records viewed by the inspector indicated that staff had received supervision and appraisal in accordance with the agency’s procedures. It was noted that feedback received from service users is discussed with staff during this process. The inspector viewed a range of feedback received and noted that comments were positive.

Comments

- 'Yes she is great, completes work well.'
- 'She is a great team member.'

The inspector reviewed the agency's provision for the welfare, care and protection of patients. The agency is updating their adult safeguarding policy to include details of the role of the ASC; the branch manager is the identified ASC.

The person in charge stated that nurses employed by the agency are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction. It was identified from discussions with the person in charge 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 in relation to adult protection.

The person in charge 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.

Discussions with the person in charge and documentation viewed indicated that the agency had made no referrals in relation to adult safeguarding matters since the previous inspection.

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

The agency has a system for monitoring and recording the registration status of nurses with the Nursing and Midwifery Council (NMC); the person in charge stated that the agency checks the NMC register to ensure all staff are registered and to identify if any staff have been removed from or had conditions placed on their registration. The agency retains details of individual staff registration status and expiry dates.

The person in charge could describe the procedure for appropriately matching the individual skills of the nurses employed to the needs of the service users; this includes the completion of a competency profile during the recruitment process. The person in charge could describe the process for appropriately assessing the requirements of individual service users; it was noted that this process. The agency provides service users with relevant staff profiles when confirmation of a shift is provided; those viewed were noted to include details of skills/competencies, experience, training and registration status with the NMC

The agency requests that service users complete feedback reports in relation to the performance of registered nurses provided.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose. During the inspection records were 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 the agency's staff recruitment, induction, and appraisal processes.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

It was identified from records viewed that they were maintained in a well organised and secure manner.

Discussions with the person in charge and documentation viewed provided evidence that the agency has a system in place to audit 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 and referrals relating to adult protection.

Monthly quality monitoring audits are completed by the registered person in conjunction with the manager and branch manager and a report developed. The inspector discussed with the registered person the need to provide more detailed and specific information in the report; assurances were provided that this would be actioned immediately. Following the inspection the inspector forwarded RQIA’s guidance information relating to quality monitoring.

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 person in charge provided evidence that the agency seeks to develop and maintain effective working relationships with service users. The agency has systems in place for obtaining the comments of service users in relation to staff provided; they include staff feedback forms and telephone contact with service users.

Areas of good practice

Areas of good practice were identified in relation to record keeping and communication with service users.

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 and information provided to all registered nurses during their initial induction was noted to contain details of a number of key policies and procedures including the agency's confidentiality policy.

The agency has on call arrangements in place to ensure that staff and service users can report concerns they may have regarding a placement and to access guidance at any time including out of hours.

The agency has a range of methods for obtaining the views of service users in relation to staff performance; it includes requesting that service users complete a feedback form for staff provided. The inspector viewed a range of feedback that had been received by the agency and noted that information was recorded in relation to matters that needed further action. The person in charge described the processes for engaging with service users in order to obtain feedback; this includes calls to the service users to obtain their views as to the quality of the service provided.

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

The inspector noted that staff are provided with details of the agency's 'Whistleblowing Policy' which outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

Areas of good practice

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

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. It was identified that the agency has a range of policies and procedures in place. Those viewed were noted to have been reviewed and updated in accordance with the timescales as outlined within the Minimum Standards.

Policies are retained in a paper format stored within the agency's office. Staff are provided with a number of key policies during induction and in the staff handbook; in addition staff can access required policies in the agency's office if required.

Discussions with the person in charge, and documentation viewed indicated that the agency's has arrangements that promote the identification and management of risk. These include the provision of required policies and procedures, monitoring of staff training, registration status of staff with the NMC, monitoring of feedback received, complaints, safeguarding referrals, accidents and incidents including those notifiable to RQIA.

Discussions with the person in charge demonstrated that they had an understanding of the agency's complaints procedure and the process for effectively managing complaints. The person in charge stated that staff are provided with information during their induction programme in relation to handling complaints. The agency's complaints policy outlines the process for managing complaints; records viewed indicated that the agency has not received any complaints relating to registered nurses since the previous inspection.

It was identified that the agency has a system for retaining a record of accidents, incidents and safeguarding referrals made and of actions taken. No incidents have been reported to RQIA in relation to registered nurses since the previous care inspection.

The person in charge stated that the agency has a process for continually auditing and reviewing 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, supervision/appraisal. It was identified that staff are required to complete annual updates of all mandatory training.

It was identified that registered nurses are provided with a job description at the commencement of employment which outlines the responsibilities of their job role.

The agency's Statement of Purpose and Service User Guide are kept under review. It was identified that the records were required to be reviewed to include the updated contact details for RQIA; assurances were provided to the inspector that this would be actioned immediately following the inspection.

Discussion with the person in charge provided evidence that the agency promotes effective collaborative working relationships with service users.

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

Areas of good practice

Areas of good practice were identified in relation to the agency's policies and procedures, engagement with stakeholders and monitoring of compliance of staff training.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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