



The Regulation and  
Quality Improvement  
Authority

## **Nursing Agency Inspection**

**Name of Nursing Agency:** First Choice Selection Services Ltd  
**Nursing Agency ID No:** 10679  
**Inspection No:** 20916  
**Date of Inspection:** 16 March 2015  
**Inspector's Name:** Michele Kelly

**The Regulation And Quality Improvement Authority  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
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**General Information**

<b>Name of agency:</b>	First Choice Selection Services Ltd
<b>Address:</b>	Cathedral Terrace 19-27 Church Street Belfast BT1 1PG
<b>Telephone number:</b>	(028) 9031 3693
<b>E mail address:</b>	Ballymena@first-choice-rec.com
<b>Registered organisation/ Registered provider:</b>	First Choice Selection Services Ltd Mr Paul Crean
<b>Registered manager:</b>	Ms Mary Lorraine Collins.
<b>Person in Charge of the agency at the time of inspection:</b>	Mr Paul Crean
<b>Categories of care:</b>	Nursing Agency
<b>Number of registered nurses, health visitors and midwives on the agency's books:</b>	19
<b>Date and type of previous inspection:</b>	10 February 2014
<b>Date and time of inspection:</b>	16 March 2015 : 9.30–13.00
<b>Name of inspector:</b>	Michele Kelly

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing agencies. A minimum of one inspection per year is required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of the nursing agency's service, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (July 2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

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

- Discussion with the registered manager
- Examination of records
- File audit
- Evaluation and feedback.

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

## Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Nursing Agencies Minimum Standards:

- **Standard 2:**  
**There are policies and procedures in place that direct the quality of services provided by the nursing agency.**
- **Standard 3:**  
**Clear, documented systems are in place for the management of records in accordance with legislative requirements.**
- **Standard 11:**  
**There are arrangements in place to respond promptly to requests for private nursing care.**
- **Standard 12:**  
**Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.**
- **Standard 13:**  
**There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.**
- **Standard 14:**  
**Consent to treatment and care is obtained from private patients who receive care in their own home.**
- **Standard 15:**  
**There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients' own homes.**

The inspector rated the centre's compliance level against each criterion.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **Profile of Service**

First Choice Selection Services Ltd is a nursing agency operating from Cathedral Terrace, 19-27 Church Street, Belfast.

The service currently supplies nurses to service users within their own homes, Nursing Homes and Hospital Services and operates in Belfast and County Antrim. The agency employs 19 nurses which is 16 less than last year. Apart from the Belfast office, the agency operates from four other offices throughout Northern Ireland; these are in Coleraine, Lurgan, Bangor and Ballymena which is the main office for Domiciliary Care.

## **Summary of Inspection**

This is the annual unannounced inspection report for First Choice Selection Services Ltd which was undertaken on 16 March 2015 by Michele Kelly from the Regulation and Quality Improvement Authority (RQIA) starting at 9:30 and finishing at 13:00.

The inspection sought to establish the compliance being achieved with respect of: The Nursing Agencies Regulations (Northern Ireland) 2005, the DHSSPS Minimum Standards for Nursing Agencies.

The Registered Manager, Ms Mary Collins was in attendance throughout the inspection. Mr Paul Crean, Responsible Person was also available throughout the inspection and participated in discussions.

The previous inspection occurred on 10 February 2014 and resulted in no requirements and three recommendations. Review of these matters showed compliance with two recommendations one recommendation will be restated.

The focus for this inspection was to examine a selected number of criteria from the following standards extracted from the minimum standards documentation for nursing agencies 2012:

- **Standard 2:**  
**There are policies and procedures in place that direct the quality of services provided by the nursing agency.**

A review of five criteria for this standard evidenced that there are policies and procedures in place in accordance with Appendix 3: The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (2008) Policies are centrally indexed and two policies were reviewed on the day of inspection. These had been dated and signed and were subject to at least three yearly review by the registered provider and manager. The manager discussed how feedback from nurses and clients would help inform policy and procedure.

The agency was judged to be 'compliant' with this standard.

- **Standard 3:**  
**Clear, documented systems are in place for the management of records in accordance with legislative requirements.**

A review of seven criteria for this standard evidenced that systems are in place for the management of records in accordance with legislative requirements. The agency has a Management of Records and Information policy which requires enhancement in respect of arrangements for the creation, use and storage of records.

The agency was judged to be 'substantially compliant' with this standard.

- **Standard 11:**  
**There are arrangements in place to respond promptly to requests for private nursing care.**

The agency has clear policies and procedures in place for responding to requests to provide nursing care within a patient's own home. Following referral, all patients are assessed by a member of the nursing team and a care plan is developed with the patient and in line with the protocols of the contracting trust. A copy of the Service User Guide is provided to all new patients. The agency's service user written agreement had not been signed by patients or representatives and a recommendation is made in respect of this. The agency currently supplies nurses to two patients in the community, care is commissioned by the HSC Trust. The agency provides night cover for three nights each week in the service users' own homes.

The agency was judged to be 'substantially compliant' with this standard.

- **Standard 12:**  
**Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.**

The patients for whom care is being provided by the agency have an assessment undertaken by the HSC Trust who have developed a person centred care plan.

The provision of nursing care and re-assessment of the patient's ongoing care needs, are agreed with the patients and/or their representative and recorded at each visit. Copies of all records are held in the patient's home.

Systems are in place to provided ongoing clinical supervision for the nurses and annual appraisal.

The patients' representatives are fully involved in decision making in relation to any interventions being undertaken.

The inspector noted that the registered manager completes reviews on behalf of the agency and there was evidence that one review had taken place after a period of eighteen months and did not involve contact with the care manager. A recommendation is made in respect of this.

The agency was judged to be 'substantially compliant' with this standard.

- **Standard 13:**  
**There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.**

The agency has guidelines for records, record keeping and access to patient records which is used in conjunction with the management of records policy to ensure standards for up to date case records are maintained.

The agency was judged to be 'compliant' with this standard.

- **Standard 14:**  
**Consent to treatment and care is obtained from private patients who receive care in their own home.**

The agency has a policy and procedure in place for obtaining consent to treatment.

Following referral and assessment, the nurse manager confirmed that agency staff provides patients with information regarding their treatments, possible side effects and expected outcomes prior to obtaining consent to treatment.

The agency was judged to be 'compliant' with this standard.

- **Standard 15:**  
**There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients' own homes.**

The agency has a range of policies and procedures in place for the management and administration of medication in the patient's own home. Nurses are issued with relevant information regarding the medication to be administered and any specific treatment protocols. The nurse manager regularly reviews records in relation to the administration of medication to ensure compliance with policy and procedure.

The agency was judged to be 'compliant' with this standard.

To validate compliance levels for each of the above standards, the inspector had a lengthy discussion with the registered manager and undertook a review of relevant documentation held at the nursing agency. Feedback was provided at the end of the inspection to the registered manager and the responsible person.

The certificates of registration and indemnity insurance were clearly displayed within the premises.

Robust systems were in place to recruit staff as outlined in the recruitment policy and procedures. Four personnel files reviewed were found to be fully compliant with the legislation and systems were in place to check the registration status of nurses with the NMC.

The registered manager is actively involved in the recruitment, assessment and placement of all nurses. Records are held regarding placement of nurses and the decision making process in this regard.

A number of policies and procedures were reviewed, which included Consent and Management of Records. A recommendation is made to enhance the policy in relation to the Management of Records. The registered manager discussed a complaint which had been investigated, however the inspector was not satisfied that the complaint had been fully investigated and a requirement is made in respect of this.

One requirement was made and this relates to complaints procedures and investigation. One recommendation is restated from the inspection of 10 February 2014 and three further recommendations are included. These are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

The inspector would like to extend their gratitude to the staff of First Choice for their hospitality and contribution to the inspection process.

### Follow-Up on Previous Issues from Pre-Registration Inspection

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	1.1	It is recommended that the registered manager reviews arrangements for conducting supervision and appraisal to ensure the agency have more regular face to face contact with the nurses being supplied by them.	Review of four files evidenced that supervision and appraisal sessions have been completed. The registered manager had met with the staff involved.	Fully met
2	1.12	It is recommended that the registered provider ensures that a report on the quality of services it provides is completed monthly.	There is a very brief weekly report which does not full address the quality of services. This recommendation is restated.	Not met
3	1.22	It is recommended that the registered provider confirms indemnity insurance arrangements for the staff it supplies.	In four files sampled there was evidence of indemnity insurance which the registered person confirmed is required before confirmation of employment.	Fully met

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in accordance with statutory requirements.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
First Choice operates all its policies and procedures in line with RQIA policy in regard to the above. These policies are updated at least annually or as legislation requires Full details of above are available in each First Choice office..	Compliant
<b>Inspection Findings:</b>	
There are policies and procedures in place as identified in Appendix 3 for the management of the nursing agency and supply of nurses in accordance with statutory requirements. The inspector viewed two policies; Consent to treatment and Care and Management of Records and Information. These policies had been reviewed by the registered manager and responsible person and were dated and signed.	Compliant
<b>Criterion Assessed:</b> <b>2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
All policies and procedures are regularly reviewed both by formal client surveys. And via ongoing client relationships which reflect their views on services provided. Staff are reviewed annually and in ongoing progress reports where the opportunity to give their views on the above is provided.	Compliant
<b>Inspection Findings:</b>	
The quality of services is monitored by the registered person on an ongoing basis through evaluations completed by clients and agency nurses. Information obtained from formal and informal contacts and notification of incidents and complaints is used to ensure service improvement and may influence the development of policy and procedures.	Compliant

<b>Criterion Assessed:</b> <b>2.3 Policies and procedures are centrally indexed and compiled into a policy manual.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Policy and procedure manuals are clearly indexed and compiled and copy of manual is available within the Healthcare department at all times. This is reprinted and renewed to reflect any changes made in core policy and procedures.	Compliant
<b>Inspection Findings:</b>	
On the day of the inspection policies and procedures reviewed were centrally indexed and available in a policy manual in accordance with Appendix 3.	Compliant
<b>Criterion Assessed:</b> <b>2.4 Policies and procedures are dated when issued, reviewed or revised.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
All policies and procedures are dated when issued, all amendments are updated by Nurse Manager and Registered person	Compliant
<b>Inspection Findings:</b>	
All policies and procedures in the policy manual are dated when first issued and any reviews or revisions are also dated and signed.	Compliant

<b>Criterion Assessed:</b> <b>2.5 Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or introduction of new policies and procedures.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Policies and prodecures and subject to at least a 3 yearly review. In reality this are updated on an annual basis and all reviews and revisions ratified by registered person	Compliant
<b>Inspection Findings:</b>	
The registered person is involved in all reviews of policies and procedures. It was evident that the registered person is responsible for the ratification of revisions to existing policies and the introduction of new policies and procedures.	Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.1 Where agency nurses are supplied to provide nursing care to private patients in their own homes those patients have access to their records in accordance with the Data Protection Act 1998.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Not Applicable	Compliant
<b>Inspection Findings:</b> Discussion with the registered manager confirmed that the agency currently supplies nurses to two patients in the community, care is commissioned by the HSC Trust. The agency provides night cover for three nights each week. The registered manager explained that the care plan and daily recordings remain in the patient's own home where access is available to the patient and/or their representative.	Compliant
<b>Criterion Assessed:</b> <b>3.2 The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> All current requirements for the above are followed and documented within the policy and procedures manual.	Compliant
<b>Inspection Findings:</b> The inspector viewed the policy in relation to the management of records and information. It is recommended that this policy is enhanced to include more information about the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.	Substantially compliant

<b>Criterion Assessed:</b> 3.3 Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Records required in regard to the above are available to inspection from authorised persons at all times during office opening hours.	Compliant
<b>Inspection Findings:</b> On the day of inspection records were well organised, easy to reference and available for inspection.  Records were examined relating to the recruitment of nurses. Four personnel files were found to be fully compliant with the legislation and systems were in place to check the registration status of nurses with the NMC.	Compliant
<b>Criterion Assessed:</b> 3.4 The information held on record is accurate, up to date and necessary.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> All required systems are in place in line with current legislation	Compliant
<b>Inspection Findings:</b> Records reviewed were confirmed by the registered manager as accurate and up to date.	Compliant
<b>Criterion Assessed:</b> 3.5 Nursing care records are written and maintained in accordance with NMC guidelines.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Nursing Care records are not stored as no Private Home Nursing is currently provided.	Compliant
<b>Inspection Findings:</b> The registered manager confirmed that records are written and maintained in accordance with NMC guidelines.	Compliant

<b>Criterion Assessed:</b> <b>3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> All agency staff will be given required training in respect of the above requirement, both during induction and as part of ongoing training within their role.	Compliant
<b>Inspection Findings:</b> The registered manager informed the inspector that training on record keeping had taken place for all staff. Records reviewed were managed in accordance with legislative requirements.	Compliant
<b>Criterion Assessed:</b> <b>3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> All records are held in line with above requirement	Compliant
<b>Inspection Findings:</b> Discussion with the registered manager and a review of the Management of Records policy confirmed that records are stored securely and as specified in DHSSPS guidelines.	Compliant

<b>Standard 11:</b> <b>There are arrangements in place to respond promptly to requests for private nursing care.</b>	
<b>Criterion Assessed:</b> 11.1 The policy and procedures detail the arrangements for dealing with requests from people who are seeking agency nurses to provide private nursing care in their own homes.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> NOT APPLICABLE	
<b>Inspection Findings:</b> Discussion with the registered manager confirmed that the agency follows procedures within the policy, Responding to Requests for Private Nursing Care. ( October 2014)	Compliant
<b>Criterion Assessed:</b> 11.2 An identified nurse employed by the nursing agency visits patients in their own homes, carries out and records an assessment of nursing care needs using validated assessment tools, prior to supplying a nurse. Information received from other care providers, if appropriate, is used in this assessment. Any associated factors or risks are documented.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
<b>Inspection Findings:</b> Discussion with the registered manager confirmed that the registered manager visits the patient to carry out a detailed assessment of the patient's needs. This assessment involves input from other members of the multi-disciplinary team. Risks are identified and documented using validated assessment tools. Following the assessment, a treatment record and care plan is developed by the district nurse and agency staff follow this care plan.	Compliant.

<b>Criterion Assessed:</b> <b>11.3 An identified nurse with skills and expertise matches and selects appropriate nurse(s) to the requirements of the patient.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> 	Provider to complete
<b>Inspection Findings:</b> Discussion with the registered manager confirmed that the registered manager will allocate a nurse with the appropriate skills and expertise to each patient being looked after in their own home. Competencies are carried out annually and kept up to date.	Compliant
<b>Criterion Assessed:</b> <b>11.4 All information including associated factors and risks are given to the nurse(s) prior to placement.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> 	Provider to complete
<b>Inspection Findings:</b> Discussion with the registered manager confirmed that nurses are fully informed of the patient's medical history, prescription details, pre assessment details and any risks identified before visiting the patient in their own home. The registered manager stated that support is provided, if needed, to ensure nurses were adequately prepared to meet the needs the patients they are allocated to. The manager described how specific training in management of naso –gastric feeding is provided to staff before being allocated to care for a particular client in their own home. Achievement of competence in all procedures required by the patient is assessed before the nurse reports for duty.	Compliant

<b>Criterion Assessed:</b> <b>11.5 A service user's guide that provides comprehensive, up-to-date information about the nursing agency in an accessible format, is given to the patient. (Appendix 1)</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
Review of information given to patients includes details about the agency, how the service works, and commitment to quality care and how to make a complaint. Discussion with the registered manager confirmed that a service user guide was given to each patient on the first visit.	Compliant
<b>Criterion Assessed:</b> <b>11.6 A written service contract is provided by the nursing agency within seven days of commencement of the service. The patient and / or their representative and the nursing agency each has a copy of the contract that is signed and dated by the patient or representative and the registered manager of the nursing agency. (Appendix 2)</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
The inspector viewed a service user written agreement which had not been signed by the service user or their representative. A recommendation is made in relation to this	Substantially compliant

<b>Standard 12:</b> <b>Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.</b>	
<b>Criterion Assessed:</b> <b>12.1 The agency nurse implements an person-centred nursing care plan that is based on an initial assessment of the patient’s care needs and is agreed with the patient.</b>	<b>Compliance Level</b>
<b>Provider’s Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
Discussion with the registered manager confirmed that all patients have an assessment undertaken by the district nurse who develops a person centred care plan. The care plan is based on a multidisciplinary assessment of the patient’s needs.	Compliant
<b>Criterion Assessed:</b> <b>12.2 The provision of nursing care and re-assessment of the patient’s ongoing care needs, are agreed with the patient, monitored and recorded on a day-to-day basis.</b>	<b>Compliance Level</b>
<b>Provider’s Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
Discussion with the registered manager confirmed that any assessments carried out and all nursing care given is agreed with the patient and/or their representative and recorded at each visit. A copy of records is held in the patient’s home.	Compliant

<p><b>Criterion Assessed:</b>  <b>12.3 The results and outcomes of any treatment and care are clearly explained to patients and any options available to them are discussed.</b></p>	<p><b>Compliance Level</b></p>
<p><b>Provider's Self Assessment:</b></p>	
	<p>Provider to complete</p>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager confirmed that the nurse explains verbally all treatment to be given and any options available.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b>  <b>12.4 The nursing care plan and ongoing care needs are reviewed and agreed with patients and their representatives at time intervals as recorded.</b></p>	<p><b>Compliance Level</b></p>
<p><b>Provider's Self Assessment:</b></p>	
	<p>Provider to complete</p>
<p><b>Inspection Findings:</b></p>	
<p>Discussion with the registered manager confirmed that care plans are reviewed at regular intervals by HSC Trust staff and agreed with patients. The inspector noted that the registered manager completes reviews on behalf of the agency and there was evidence that one review had taken place after a period of eighteen months and did not involve contact with the care manager. A recommendation is made in respect of this.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b>  <b>12.5 Arrangements are in place to ensure that private patients in their own homes are kept fully informed of issues relating to the care provided by the agency nurse(s) and that they are enabled to make comments about the quality of care provided.</b></p>	<p><b>Compliance Level</b></p>
<p><b>Provider's Self Assessment:</b></p>	
	<p>Provider to complete</p>
<p><b>Inspection Findings:</b></p>	
<p>Discussion with the registered manager confirmed that patients and their representatives are informed of their care arrangements verbally and in writing. It was discussed that at reviews of care undertaken by the registered manager comments about the quality of care provided are encouraged.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b>  <b>12.6 Where the agency remains the employer of the nurse, there should be effective clinical supervision arrangements in place.</b></p>	<p><b>Compliance Level</b></p>
<p><b>Provider's Self Assessment:</b></p>	
	<p>Provider to complete</p>
<p><b>Inspection Findings:</b></p>	
<p>The inspector reviewed four personnel files which evidenced that supervision takes place.</p>	<p>Compliant</p>

<b>Standard 13:</b> <b>There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.</b>	
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
Discussion with the registered manager confirmed that records were kept in line with current legislation.	Compliant
<b>Criterion Assessed</b> <b>13.2 All entries in case records are contemporaneous; dated, timed, and signed, with the signature accompanied by the name and designation of the signatory.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
Discussion with the registered manager confirmed that staff are aware of NMC guidelines on record keeping.	Compliant

<p><b>Criterion Assessed:</b>  <b>13.3 Any alterations or additions are dated, timed, and signed, and made in such a way that the original entry can still be read.</b></p>	<p><b>Compliance Level</b></p>
<p><b>Provider's Self Assessment:</b></p>	<p>Provider to complete</p>
<p><b>Inspection Findings:</b>                  Case records are kept in the patient's own home and were not reviewed during this inspection.</p>	<p>Not assessed</p>
<p><b>Criterion Assessed:</b>  <b>13.4 Agency nurses record all care given and recommendations in patients' case record.</b></p>	<p><b>Compliance Level</b></p>
<p><b>Provider's Self Assessment:</b></p>	<p>Provider to complete</p>
<p><b>Inspection Findings:</b>                  Agency nurses working in a patient's own home are required to record all interventions, the registered manager confirmed that she reviews case records and that nurses supplied by the agency have their records examined by the district nurse.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b>  <b>13.5 Where private patients, decline to have records kept in their own homes, this is documented, dated, signed and retained in the nursing agency.</b></p>	<p><b>Compliance Level</b></p>
<p><b>Provider's Self Assessment:</b></p>	<p>Provider to complete</p>
<p><b>Inspection Findings:</b>                  The registered manager confirmed that if a patient declined to have records kept within their own homes, the decision would be documented and dated. Records would then be stored securely in the agency office.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b>  <b>13.6 Case records are kept in the homes of private patients for one month, or until the service is concluded, after which time they are transferred, with patients' permission, to the nursing agency in accordance with procedures.</b></p>	<p><b>Compliance Level</b></p>
<p><b>Provider's Self Assessment:</b></p>	
	<p>Provider to complete</p>
<p><b>Inspection Findings:</b></p>	
<p>Discussion with the registered manager confirmed that patients keep their own records.</p>	<p>Compliant</p>

<b>Standard 14: Consent to treatment and care is obtained from private patients who receive care in their own home.</b>	
<b>Criterion Assessed:</b> 14.1 There is a written policy on obtaining consent to treatment and care that adheres to NMC Code of Professional Conduct and DHSSPS guidelines.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
Discussion with the registered manager confirmed that the policy on consent refers to the NMC code of conduct and is in accordance with current legislation. The policy was viewed on the day of inspection.	Compliant
<b>Criterion Assessed:</b> 14.2 There are written guidelines for agency nurses when a patient does not have the capacity or refuses to give consent to treatment or care.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
Discussion with the registered manager confirmed that the policy on consent details action to take where a patient lacks capacity or refuses treatment.	Compliant

<p><b>Criterion Assessed:</b>  <b>14.3 Nursing procedures are explained to patients informing them of the implications of the treatment and any options available to them. This is documented in nursing care records.</b></p>	<p><b>Compliance Level</b></p>
<p><b>Provider's Self Assessment:</b></p>	<p>Provider to complete</p>
<p><b>Inspection Findings:</b>                  Discussion with the registered manager confirmed that each nurse is encouraged at induction to provide full explanations regarding the implications of treatment and other options available to patients.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b>  <b>14.4 Completed consent forms are maintained within individual nursing care records.</b></p>	<p><b>Compliance Level</b></p>
<p><b>Provider's Self Assessment:</b></p>	<p>Provider to complete</p>
<p><b>Inspection Findings:</b>                  Individual care records are kept in the service users' home and therefore this criterion was not assessed on this occasion.</p>	<p>Not assessed</p>

<b>Standard 15:</b>	
<b>There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients own homes.</b>	
<b>Criterion Assessed:</b> 15.1 The policy and procedures cover all activities concerned with the management of medicines for private patients . These are in accordance with legislative requirements and current best practice as defined by professional bodies and national standard setting organisations.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
Discussion with the registered manager confirmed that the medication policy and procedure is in accordance with current legislation. All nurses undergo safe administration of medicines training on an annual basis.	Compliant
<b>Criterion Assessed:</b> 15.2 The agency provides private patients and their carers with information, in an accessible format, on the circumstances in which nurses may administer or assist in the administration of medicines.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
Nurses are issued with relevant information regarding the medication to be administered and specific treatment protocols. The registered manager confirmed that the patients and/or their representatives are involved in all aspects of care planning and would be made aware of the circumstances in which nurses may administer or assist in the administration of medications within the service user guide.	Compliant

<p><b>Criterion Assessed:</b>  <b>15.3 Medicine errors and incidents that occur in private patients' home are reported, in accordance with procedures, to the appropriate authority.</b></p>	<p><b>Compliance Level</b></p>
<p><b>Provider's Self Assessment:</b></p>	
	<p>Provider to complete</p>
<p><b>Inspection Findings:</b>          Discussion with the manager evidenced a substantial knowledge of the action to take in the event of a medication error occurring. Any incident that occurs will be accurately recorded and reported to the appropriate body.           An incident involving medication errors by a nurse in a nursing home placement is detailed within the additional matters section of this report.</p>	<p>Compliant</p>

## **Additional information**

### **Complaints and Incidents**

Following the review of incidents and complaints a discussion was held with the registered manager in regard to the management of incidents and complaints. It was acknowledged that each incident had been reviewed and reported in accordance with procedures. The inspector was not satisfied that a particular complaint had been fully detailed to the manager and therefore the investigation was not complete. In the light of this information the inspector advised that a complete review of this matter is undertaken. The actions to be taken to ensure patient safety should also be detailed. The inspector spoke with the registered person following the inspection who confirmed that this had occurred and that a nurse had agreed to comply with a performance management plan. It is required that the registered person must ensure all incidents and complaints are fully detailed, investigated and the action taken and the outcome of the action documented, including referral to other agencies and/or professional bodies.

## Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Mary Collins, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

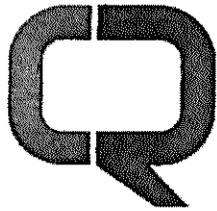
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Michele Kelly**  
**Inspector/ Quality reviewer**  
**The Regulation and Quality Improvement Authority**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 2BT**

**Michele Kelly**  
Inspector/Quality Reviewer

**Date**



The Regulation and  
Quality Improvement  
Authority

NA

14 MAR 2015

## Quality Improvement Plan

### Primary Unannounced Care Inspection

First Choice Selection Services Ltd

16 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mary Collins during and after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Agencies Regulations (NI) 2008

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19 (1) (4)	<p>The registered person shall establish a procedure for considering complaints and shall ensure every complaint made under the complaints procedure is fully investigated.</p> <p>Refers to but is not limited to matters discussed within the Additional Matters section of this report.</p>	Once	Amended Complaint Handling Form Attached.	Within six weeks of the date of inspection 20 April 2015

<b>Recommendations</b>					
These recommendations are based on The Nursing Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	1.12	It is recommended that the registered provider ensures that a report on the quality of services it provides is completed monthly.	Twice	ANSWER ATTACHED!	Within six weeks of the date of inspection 20 April 2015
2	3.2	It is recommended that the policy and written procedures for the management records is enhanced to detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.	Once	ATTACHED!	Within six weeks of the date of inspection 20 April 2015

3	11.6	It is recommended that the written agreement (written service contract) between the service user and/or their representatives is signed and dated by the service user or representative and the registered manager of the nursing agency.	Once	See ATTACH 1	Within six weeks of the date of inspection 20 April 2015
4	12.4	It is recommended that the registered manager's review of ongoing care needs for those patients being looked after in their own homes occurs at more frequent intervals and reflects the input of the care manager involved.	Once	See ATTACH 1	Within six weeks of the date of inspection 20 April 2015

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority  
 9th floor  
 Riverside Tower  
 5 Lanyon Place  
 Belfast  
 BT1 3BT

SIGNED: [Signature]  
 NAME: Paul (Peggy)  
           Registered Provider  
 DATE: 6-5-2015

SIGNED: [Signature]  
 NAME: M. COLLINS  
           Registered Manager  
 DATE: 6-5-2015

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by Inspector as acceptable	YES	Ambely	8/6/15
Further information requested from provider			

Documents were obtained to verify details of areas. Ambely. 8/6/15.