



The **Regulation and
Quality Improvement
Authority**

First Choice Selection Services Ltd
RQIA ID: 10679
Cathedral Terrace
19-27 Church Street
Belfast
BT1 1PG

Inspector: Joanne Faulkner
Inspection ID: IN023432

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**Unannounced Care Inspection
of
First Choice Selection Services Ltd**

27 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 27 August 2015 from 10.00 to 13.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report. This inspection was underpinned by The Nursing Agencies Regulations (Northern Ireland) 2005, and The DHSPSS The Nursing Agencies Minimum Standards (2008).

2. Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

3. Actions/Enforcement Resulting From This Inspection

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

4. Inspection Outcome

	Requirements	Recommendations
Total Requirements and Recommendations Made at this inspection	0	4

The details of the QIP within to this report were discussed with the responsible person as part of the inspection process. The timescales for completion commence from the date of inspection

5. Service Details

Registered Organisation/ Registered Provider First Choice Selection Services Ltd/Paul Crean	Registered Manager: Lauren Crean (Acting)
Person in Charge of the Agency at the Time of Inspection: Mr Paul Crean	Date Registered: 10 August 2015
Number of Service Users in Receipt of a Service on the Day of Inspection: Eight	Number of Registered Nurses, Health Visitors and Midwives on the Agency's Books: 20

First Choice is a nursing agency which currently provides staff nurses to clients and patients in a variety of settings throughout Northern Ireland. These include hospital trusts, general practitioner surgeries, health centres, dental organisations, industry, private individuals and Northern Ireland Civil Service.

6. 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 themes:

Theme 1: Nurse Training -The agency has procedures in place to ensure all nurses are appropriately trained and qualified for their roles.

Theme 2: Vulnerable adults and children are protected from abuse.

7. Methods/Process

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

- Discussion with the responsible person
- Review of staff training records
- Evaluation and feedback

Prior to inspection the following records were examined:

- The previous care inspection report and returned Quality Improvement Plan (QIP)
- Notifiable events submitted since the previous care inspection
- Written and verbal communication received since the previous care inspection

The following records were examined during the inspection:

- Staff training and induction records
- Dates of staff appraisal
- Selected policies and procedures
- Accident and incident records
- Record of complaints
- Staff Handbook
- Quality monitoring records
- Service user feedback information

8. The Inspection

8.1 Review of Requirements and Recommendations from Previous Care Inspection Dated 31 March 2015

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (1) (4)</p>	<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> <p>Action taken as confirmed during the inspection: The inspector viewed the agency's complaints procedure, October 2014; it outlines the process for dealing with complaints received by the agency. A record is maintained of complaints; the responsible person stated that a regular audit of complaints is completed.</p>	Met
Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 1.12</p>	<p>It is recommended that the registered provider ensures that a report on the quality of services it provides is completed monthly.</p> <p>Action taken as confirmed during the inspection: The inspector viewed a number of monthly reports completed by the agency; it is recommended that the agency further develop this process to include details of additional areas considered by the registered person whilst completing the monthly monitoring of the quality of service.</p>	Partially met
<p>Recommendation 2</p> <p>Ref: Standard 3.2</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: The inspector viewed the Management of Records and Data Protection policy, reviewed March 2015; it was noted that it contains information relating to the creation, use, retention, storage, transfer, disposal of and access to records.</p>	Met

<p>Recommendation 3</p> <p>Ref: Standard 11.6</p>	<p>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.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: From documentation viewed it was noted that the agency has in place signed written agreements.</p>	<p>Met</p>	
<p>Recommendation 4</p> <p>Ref: Standard 12.4</p>		<p>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.</p>
<p>Action taken as confirmed during the inspection: The agency's policy outlines that the care needs of those patients being looked after in their own homes occurs quarterly; this was verified by documents viewed.</p>		

8.2 Theme 1: Nurse Training -The agency has procedures in place to ensure all nurses are appropriately trained and qualified for their roles.

Is Care safe?

The agency's training and development policy, October 2014, outlines the process for induction and the training that staff are required to undertake prior to employment; it was noted that this was in accordance with RQIA guidance on mandatory training. The responsible person stated that all staff are required to complete annual training updates. The responsible person stated that agency staff are not employed until all the necessary pre-employment checks and documentation relating to training have been received and verified.

The agency has an electronic system in place which records training completed by and identifies when training updates are required. Records viewed indicated that staff have received the necessary mandatory training and that training was up to date. The responsible person could describe the procedure for informing staff when training updates are required and stated that staff are not provided to work if training updates have not been completed.

The responsible person could describe instances when staff are required to complete specific training to meet the needs of individual clients.

The agency requests that service users complete progress reports in relation to staff provided; these were viewed by the inspector.

Is Care Effective?

Prior to employment agency staff are required to complete required mandatory training and provide documentary evidence of attendance; the agency maintains a record of all staff training. The agency provides staff with a handbook; it was identified that staff are required to sign that they have received a copy and that they understand the content; however it was noted that no record was maintained of the specific areas discussed during induction.

The agency has in place an Appraisal Policy, October 2014; it was noted that it did not clearly detail the frequency of appraisal. The responsible person stated that staff receive an annual appraisal during which training and development is discussed and a plan developed to address identified training needs; they stated that staff are encouraged to liaise at any time with the manager in relation to training needs. The responsible person stated that service users are informed of the process for contacting the registered manager to discuss concerns in relation to the competency of staff provided; they could describe the process for engaging with service users with regard to receiving feedback as to the competence of staff provided. It was identified that the agency has a process for addressing competency issues with staff.

The registered person stated that when concerns relating to a staff member are identified the registered manager will address the concerns with the individual immediately and whilst the process is ongoing the staff member would not be provided to work.

Is Care Compassionate?

The agency has a process for obtaining the views of service users; the responsible person described the process for engaging with the relevant HSCT representatives and other service users in order to obtain feedback; it was noted from records viewed that this process involves issuing a progress report for each staff member provided.

The responsible person stated that the agency incorporates feedback received in the agency's monthly quality monitoring report.

Areas for Improvement

There were two areas for improvement identified within Theme 1:

Standard 6.1

The registered person should ensure that a record is maintained of the specific areas discussed during staff induction. A record should be retained indicating that staff confirmed the information was provided.

Standard 2.1

It is recommended that the agency's Appraisal Policy is reviewed and updated to include detail of the frequency of appraisal.

Number of Requirements	0	Number Recommendations:	2
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8.3 Theme 2: Vulnerable adults and children are protected from abuse.

Is Care Safe?

The agency's policy for protecting vulnerable adults and safeguarding children and young people was viewed; it outlines the procedures to be followed and makes relevant reference to current legislation, DHSSPS guidance and regional protocols issued by Health and Social Services Board

Staff training records viewed indicated that procedures for protecting vulnerable adults and for safeguarding children and young people are included in the induction programme and in the annual training update that staff are required to complete.

The agency's staff handbook details the necessary actions staff are required to take in the event of suspected, alleged or actual incidents of abuse being identified. The responsible person stated that staff are required to sign that they have received and understood the contents of the handbook.

The responsible person stated that to date there had been no reported issues or concerns regarding the protection of vulnerable adults and children; they could describe the process for reporting of any such event.

Is Care Effective?

The responsible person could describe the safeguards implemented by the agency to ensure vulnerable adults, children and young people are protected from abuse. This included the arrangements in place that ensure all necessary pre-employment checks are completed and considered and that staff provided have received relevant training.

The responsible person stated that prior to placement, agency staff nurses were provided with the relevant information to ensure they took appropriate action in the event of a suspicion of, or actual abuse. The responsible person described their role and responsibility regarding reporting and investigation in the event of an allegation of abuse being made and the processes for engaging with the HSC Trusts.

Is Care Compassionate?

Staff are required to complete induction which includes training in all aspects of abuse and the protection of vulnerable adults and safeguarding children and young people. Refresher training is provided for staff on an annual basis. Records viewed indicate that staff provided have received the relevant training.

The agency's Whistle Blowing Policy outlines the responsibility for staff in highlighting concerns or issues relating to poor practice and the procedure to be followed. It is identified that reference was not included as to the role of RQIA in relation to whistleblowing.

Areas for Improvement

There was one area for improvement identified within Theme 2:

Standard 2.1

It is recommended that the agency's Whistleblowing Policy is reviewed and updated to include the role of RQIA in relation to whistleblowing.

Number of Requirements	0	Number Recommendations:	1
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9. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the Quality Improvement Plan. Details of this Quality Improvement Plan were discussed with Mr Paul Crean as part of the inspection process. The timescales commence from the date of inspection.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. 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.

9.1 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 (Northern Ireland) 2005.

9.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Nursing Agencies Minimum Standards (2008). They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

9.3 Actions Taken by the Registered Manager/Responsible Person

The Quality Improvement Plan will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The responsible person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk to be assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 6.1 Stated: First time To be Completed by: 28 October 2015	<p>The registered person should ensure that a record is maintained of the specific areas discussed during staff induction. A record should be retained indicating that staff confirmed the information was provided.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Attached copy of Induction checklist completed for all staff that covers all areas of registration with First Choice. Also attached training evaluation form used by all staff after receipt of the various training days they are given.</p>
Recommendation 2 Ref: Standard 2.1 Stated: First time To be Completed by: 28 October 2015	<p>It is recommended that the agency's Appraisal Policy is reviewed and updated to include detail of the frequency of appraisal.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Policy going forward will be to carryout six monthly appraisals on staff . This is supported by the ongoing progress reports on all staff. .</p>
Recommendation 3 Ref: Standard 2.1 Stated: First time To be Completed by: 28 October 2015	<p>It is recommended that the agency's Whistleblowing Policy is reviewed and updated to include the role of RQIA in relation to whistleblowing.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Policy has been amended to reflect the RQIA role and copy attached.</p>
Recommendation 4 Ref: Standard 1.12 Stated: Second time To be Completed by: 28 October 2015	<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>Response by Registered Person(s) Detailing the Actions Taken: Monthly report format is currently being updated. Making use of RQIA guidelines in respect of this. First amended report is currently being collated.</p>

Registered Manager Completing QIP	Lauren Crean	Date Completed	27/10/15
Registered Person Approving QIP	Paul Crean	Date Approved	27/10/2015
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	3/11/15

** Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address**