

Announced Care Inspection Report 31 March 2017



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

1.0 Summary

An announced inspection of First Choice Selection Services Ltd took place on 31 March 2017 from 10.45 to 13.45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if nursing agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Indicators of the delivery of safe care were evident on inspection. There was evidence that the agency operates effective recruitment systems and endeavours to ensure the supply of appropriately skilled and competent staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the service users and Health and Social Care Trust (HSCT) representatives. The agency has systems in place to ensure the identification, prevention and management of risk. Three areas for improvement were identified during the inspection in relation to the agency's recruitment and safeguarding policies and staff appraisals.

Is care effective?

The agency has in place systems for monitoring the quality of services provided and for providing ongoing assurance of continuous improvement of the service provided; however it was identified that the agency does not complete a monthly monitoring report. There are systems in place to promote effective communication with service users and relevant stakeholders; it was evident that the agency seeks to maintain effective working relationships with service users. Two areas for improvement were identified during the inspection. A recommendation stated for a second time during the previous care inspection in relation to the agency's monthly report was assessed as being not met and will be stated for a third time. It was identified the SOP is required to be reviewed and updated.

Is care compassionate?

Indicators of the delivery of compassionate care were evident during the inspection. The inspector identified that the agency has systems in place for obtaining and responding to the views and opinions of service users. It was noted that the agency has systems in place to monitor and manage the performance of nursing staff employed by the agency. No areas for improvement were identified during the inspection.

Is the service well led?

The registered person has an understanding of their roles and responsibilities within the management structure. The registered manager fulfils their responsibilities in a manner which encourages the respect of staff and service users. Evidence of effective working partnerships with service users was evident during the inspection. No areas for improvement were identified during the inspection.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4*

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

*One recommendation stated for a second time following the previous care inspection was assessed as being not met and has been stated for a third time.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 27 August 2015.

2.0 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: Lauren Crean – application not yet submitted

3.0 Methods/processes

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:

- Records relating to staff supervision/appraisal and training
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Induction Policy
- Recruitment Policy
- Quality Improvement Policy
- Safeguarding Policy
- Whistleblowing Policy
- Appraisal Policy
- Complaints Policy
- Confidentiality Policy
- Statement of Purpose
- Service User Guide

It was identified that policies and procedures viewed had been issued or reviewed within the previous three years which is in accordance with the minimum standards.

The inspector requested that questionnaires were distributed for completion by the staff member; no questionnaires have been returned to RQIA.

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

4.0 The inspection

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 and industry.

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

4.1 Review of requirements and recommendations from the last care inspection dated 27 August 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The inspector viewed an induction checklist retained by the agency; it details the information provided to staff during their induction. It was noted that staff are required to sign a declaration indicating that they have received the information.	
Recommendation 2 Ref: Standard 2.1 Stated: First time	It is recommended that the agency's Appraisal Policy is reviewed and updated to include detail of the frequency of appraisal.	Met
	Action taken as confirmed during the inspection: The inspector viewed the agency's Appraisal Policy, October 2016 and noted that it details the frequency of appraisal.	
Recommendation 3 Ref: Standard 2.1 Stated: First time	It is recommended that the agency's Whistleblowing Policy is reviewed and updated to include the role of RQIA in relation to whistleblowing.	Met
	Action taken as confirmed during the inspection: The inspector viewed the agency's Whistleblowing Policy and noted it contains details of the role of RQIA in relation to whistleblowing.	
Recommendation 4 Ref: Standard 1.12 Stated: Second time	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.	Not Met
	Action taken as confirmed during the inspection: The inspector viewed information relating to quality monitoring completed by the registered	

	<p>person; however it was noted that a monthly report is not completed.</p> <p>This recommendation was assessed as being not met and will be restated for a third time.</p>	
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4.2 Is care safe?

During the inspection the inspector reviewed staffing arrangements in place within the agency.

The agency's recruitment policy for nurses outlines the process for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; it was noted that the policy is required to be reviewed and updated to include information relating to the need to obtain two written references and proof of registration with the Nursing and Midwifery Council (NMC). The inspector viewed staff pre-employment checklists and recruitment records for a number of staff nurses and noted that they contain details of the checks that had been completed; the registered person stated that nurses are not provided until all required checks have been satisfactorily completed. Recruitment records viewed were noted to have been completed accordance with those detailed within the minimum standards.

The registered person could describe the process for matching nursing skills to placement which includes an assessment of individual staff nurses skills and experience during the interview process. The agency's induction policy outlines the induction programme provided to staff prior to their commencement of employment. The agency maintains a record of the induction programme provided to staff; documentation viewed and the agency's staff handbook detailed the information provided during the induction period and was noted to have been signed by the staff member.

The agency's Appraisal Policy details the procedure for staff supervision/appraisal. The inspector viewed records of staff supervision/ appraisal maintained by the agency; it was identified that a number of staff supervision/appraisal meetings are required to be completed.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The registered person described the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; it was noted that the agency is required to review and update policy and procedures to reflect information contained within the regional policy.

Discussions with the registered person provided assurances that they had knowledge of the management of safeguarding within the agency; they could describe the procedure for reporting of any incidents of suspected, alleged or actual abuse and the process for liaising with the appropriate bodies in relation to any investigation they are required to participate in. The registered person stated that the agency has made no referrals in relation to allegations of abuse since the previous inspection.

Discussions with the registered person and training records viewed indicated that staff are required to complete safeguarding vulnerable adults training during their initial induction and in addition complete an annual update. The registered person stated that staff are provided with information in relation to the agency's safeguarding and whistleblowing policies during their

induction programme. The inspector noted that the agency’s staff handbook also contains information relating to safeguarding procedures.

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

The registered person could describe the process for appropriately assessing the requirements of a request for an agency nurse; it was noted that this included assessing the knowledge, skills, training and experience of the nurse to be provided. The inspector noted from records viewed that the agency has a process for checking the NMC register annually for the staff nurses employed.

The agency’s registered premises include a number of offices which are suitable for the operation of the agency as described in the Statement of Purpose.

Areas for improvement

Three areas for improvement were identified during the inspection in relation to the agency’s recruiting and safeguarding of vulnerable adult policies and staff supervision.

Number of requirements	1	Number of recommendations:	2
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4.3 Is care effective?

The inspector reviewed that 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 detailed within the Statement of Purpose (SOP) and Service User Guide. It was identified the SOP is required to be updated to include details of the registered manager and the organisation structure of the agency.

The inspector noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

From discussions with the registered person and documentation viewed it was identified that the agency has in place processes to monitor, audit and review the effectiveness and quality of the service provided to service users. The inspector noted that the agency does not complete a monthly monitoring report in relation to the quality of the services provided; a recommendation stated for the second time following the previous care inspection relating to this issue will be stated for a third time.

The inspector identified that the agency regularly monitors the effectiveness and quality of care provided to service users; this process includes a review of training, complaints, incidents and safeguarding referrals.

It was noted that service users are requested to complete satisfaction surveys; the agency maintains a record of compliments and complaints. It was identified that the agency has a process for obtaining the comments of service users in relation to staff provided.

The registered person could describe systems in place to promote communication with service users, agency staff nurses and other relevant stakeholders; they indicated to the inspector that the agency seeks to maintain effective working relationships service users.

The registered person stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff provided.

The registered person could describe the process for addressing concerns relating to a staff member and stated whilst the process was ongoing the staff member would not be provided to work.

Areas for improvement

Two areas for improvement were identified during the inspection.

A recommendation stated for a second time during the previous care inspection in relation to the agency's monthly report was assessed as being not met and will be stated for a third time.

It was identified the SOP is required to be updated to include details of the registered manager and the organisation structure of the agency.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care compassionate?

The agency's policy relating to confidentiality details the conduct staff are required to adhere to ensure that confidentiality is maintained. The inspector noted that the agency provides staff with information relating to confidentiality during their induction programme and in the staff handbook provided.

It was noted that the agency has systems in place to monitor the performance of nursing staff; these include training, annual supervision/appraisal and feedback received from the service users.

The agency has a system for recording training completed by staff nurses; the registered person could describe the role of the registered manager in identifying and highlighting when updates are required. The inspector was provided with assurances that staff would not be provided if mandatory training updates had not been successfully completed.

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

The registered person stated that staff nurses are required to complete relevant training to ensure they are aware of the appropriate action to be taken in the event of a suspicion of, or actual abuse. Records viewed indicate that staff provided by the agency have completed safeguarding vulnerable adults training.

The registered person could describe the systems in place to ensure that nurses can report concerns they may have regarding a placement; in addition they stated that the agency operates an on call system for staff to access support and guidance out of hours.

The agency has in place an 'Appraisal Policy'; it was noted that staff are required to participate in an annual supervision/appraisal meeting. The registered person stated that staff nurses are encouraged to liaise with the registered manager in relation to individual training needs.

The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns; relevant reference is made as to the role of RQIA in relation to whistleblowing.

The agency has a process for obtaining the views of service users in relation to staff performance at least twice yearly; the registered person described the process for engaging with the relevant service users in order to obtain feedback. It was noted from records viewed that this process involves issuing a feedback monitoring report for individual staff nurses provided.

Formal processes to record and respond to service users are maintained through the agency's complaints process and service user satisfaction surveys. The registered person stated that they meet annually with service users/stakeholders to obtain their views on the quality of the service provided. Documentation viewed by the inspector was noted to include feedback received from service users.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is the service well led?

The inspector reviewed the agency's management and governance systems in place to meet the needs of service users. During the inspection the inspector viewed a number of policies and procedures; it was noted that the agency has in place a range of policies and procedures which were noted to have been reviewed and updated in accordance with the Minimum Standards, relevant legislation and guidelines. The inspector noted that the agency's policies are reviewed and updated annually. It was identified that policies and procedures are retained in a paper format and stored within the agency's office and that a range of key policies are included in the handbook provided to all staff nurses. The registered person stated that relevant policies are discussed with staff during their induction.

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

The inspector noted that the agency has arrangements in place management for managing and monitoring of incidents and complaints. The registered person could describe the importance of ongoing review and monitoring of services provided to identify areas improving the quality of the service, and of providing better outcomes for service users.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received no complaints for the period 01 April 2015 to 31 March 2016. Discussion with the registered person indicated that they have a clear understanding of the process for managing complaints.

The registered person stated that staff are required to complete mandatory training during the induction process and an annual update. Discussions with the registered person and records viewed indicated that staff nurses are not provided by the agency until all the necessary pre-employment checks, induction and review of documentation relating to previously completed training have been received and verified.

The agency has in place an electronic system for recording training completed by staff; it was noted that the system highlights when training updates are required. Training records viewed indicated that staff nurses provided by the agency have received the necessary mandatory training and in addition training specific to the needs of service users.

The inspector noted from records viewed that the agency retains a written record signed by staff to indicate that they have read and understood the information provided to them during their induction programme.

The registered person could describe methods used in conjunction with the registered manager to lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards.

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

Discussion with the registered person indicated that there are effective collaborative working relationships with service users.

The agency has a process for ensuring that they proactively obtain feedback from service users when a nurse has been provided; the inspector viewed feedback documentation received by the agency and noted that they contained a range of positive comments in relation to the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 nursing 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Agencies Regulations (Northern Ireland) 2005.

5.2 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 14. (2)(a) Stated: First time To be completed by: 31 May 2017	<p>The registered provider shall ensure that each employee of the agency- (a) receives appropriate supervision.</p> <hr/> <p>Response by registered provider detailing the actions taken: Annual appraisals are currently being updated for all staff. Staff will be required to hold meeting to review ongoing issues as part of their annual training days in addition to the annual appraisal.</p>
Recommendations	
Recommendation 1 Ref: Standard 4.1 Stated: First time To be completed by: 31 May 2017	<p>The registered provider should ensure the policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements.</p> <hr/> <p>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.</p> <hr/> <p>Response by registered provider detailing the actions taken: Recruitment procedure policy has been amended to reflect this.</p>
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> <hr/> <p>Response by registered provider detailing the actions taken: Policies have been updated as requested to meet all requirements.</p>
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> <hr/> <p>Response by registered provider detailing the actions taken: Monthly report procedure has been put in place. Report will be reviewed by Nurse manager and actions taken to reflect same.</p>

<p>Recommendation 4</p> <p>Ref: Standard 1.8</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2017</p>	<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> <hr/> <p>Response by registered provider detailing the actions taken: Structure attached and the agency will be making formal application for Nurse Manger to be appointed on a permanent basis</p>
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