

Announced Care Inspection Report 21 March 2017



Premiere People

Type of Service: Nursing Agency
**Address: 2nd Floor, Hampden House, 55-59 Royal Avenue,
Belfast BT1 1FX**
Tel No: 02890720104
Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Premiere People took place on 21 March 2017 from 11.00 to 14.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the 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 ensures 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. No areas for improvement were identified during the inspection.

Is care effective?

Indicators of the delivery of effective care were evident on inspection. The agency has in place systems monitoring the quality of services provided and for providing ongoing assurance of continuous improvement of the service provided. 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. One area for improvement was identified during the inspection in relation to the agency's monthly report relating to the monitoring of the quality of services provided.

Is care compassionate?

Indicators of the delivery of compassionate care were evident during the inspection. The inspector found that an ethos of dignity and respect, independence and rights was embedded throughout staff attitudes. The agency has systems in place for obtaining and responding to the views and opinions of service users. 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?

Indicators of the delivery of a well led service were evident on inspection. Agency staff have a clear understanding of their roles and responsibilities within the management structure. The registered person and manager fulfil their responsibilities in a manner which encourages the respect of staff and service users and operate the agency in accordance with the Regulations and Minimum Standards. 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 the 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	0	1

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

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 18 December 2015.

2.0 Service details

Registered organisation/registered person: Premiere Employment Group Ltd/Peter Thomas Gamble	Registered manager: Gertrude Marie Trimble
Person in charge of the home at the time of inspection: Gertrude Marie Trimble	Date manager registered: 26 October 2012

3.0 Methods/processes

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

- Discussion with the registered 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:

- 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
- Review and Reassessment of Nurse Policy
- Induction Policy
- Recruitment Policy
- Accidents and Incidents Policy
- Quality Improvement Policy
- Managing Allegations of Abuse Policy
- Whistleblowing Policy
- Supervision and 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.

During the inspection the inspector met the registered manager.

During the inspection the inspector requested that questionnaires were distributed for completion by the staff member; five 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

Premiere People nursing agency's registered office is located in Royal Avenue, Belfast. At the time of the inspection the agency was supplying 17 nurses to a number of HSCT's.

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

4.1 Review of requirements and recommendations from the last care inspection dated 18 December 2015

Last type care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.3 Stated: First time	It is recommended that the staff nurses employed by the agency receive updated medication training.	Met

	<p>Action taken as confirmed during the inspection: The inspector reviewed the agency's training records for staff nurses and noted that staff had received medication training.</p>	
<p>Recommendation 2 Ref: Standard 2.1 Stated: First time</p>	<p>It is recommended that the agency's learning and development and induction policies are updated to reflect all mandatory training provided.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed the agency's Learning and Development Policy and noted that it contained details of mandatory training required to be completed.</p>	

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 details the system in place for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment. The inspector viewed a number of staff pre-employment checklists which detail the checks that have been completed; the registered manager stated that nurses are not provided until all required checks have been satisfactorily completed.

The manager 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; it was noted that a record of the outcome of the assessments are retained on an electronic system. 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 outlined the information provided during the induction period and was noted to have been signed by the staff member.

The agency's Review and Reassessment of Nurses Policy details the procedure for staff appraisal. The inspector viewed records of staff supervision and appraisal maintained by the agency; it was identified that the agency had on occasions provided additional support to staff in supporting them to return to work following a period of absence.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The registered manager 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 has recently reviewed and updated their policy and procedures to reflect information contained within the guidance.

Discussions with the registered manager provided assurances that they had knowledge and oversight of the management of safeguarding within the agency and could describe the

process for reporting of any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they are

required to be involved in. The registered manager stated that the agency has made no referrals in relation to allegations of abuse since the previous inspection.

Discussions with the registered manager, training personnel and 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 manager stated that staff are provided with information in relation to the agency's safeguarding and whistleblowing policies during their induction programme.

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

The manager 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 monthly 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.

Five staff questionnaires returned to the RQIA indicated that staff are satisfied that care provided is safe.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.3 Is care effective?

During the inspection 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 and Service User Guide.

The agency's record keeping policy outlines the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

It was identified from discussions with the registered manager and documentation viewed that the agency has in place systems to monitor, audit and review the effectiveness and quality of the service provided to service users; however the inspector noted that the agency does not complete a monthly monitoring report.

The inspector identified that the agency routinely 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 an annual satisfaction survey; 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 manager could describe systems in place to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection. Discussions with the registered manager indicated that the agency seeks to maintain effective working relationships service users.

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

Five staff questionnaires returned to the RQIA indicated that staff are satisfied that care provided is effective.

Areas for improvement

One area for improvement was identified during the inspection in relation to the agency's monthly report relating to the monitoring of the quality of services provided.

Number of requirements	0	Number of recommendations:	1
-------------------------------	----------	-----------------------------------	----------

4.4 Is care compassionate?

The inspector noted that the agency provides staff with information relating to confidentiality during their induction programme.

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

The agency has a process for obtaining the views of service users in relation to staff performance at least annually; the registered manager 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 report for staff nurses provided. The inspector noted that a number of staff provided were placed with a long term arrangement and may therefore receive supervision in their individual work placements.

The agency has a system for recording training completed; the registered manager could describe their role 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, equality and diversity, were embedded in the culture and ethos of the organisation.

The registered manager 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 the relevant training. It was identified that staff are required to pay for their individual training updates.

It was noted that the agency has in place systems to ensure that nurses can report concerns they may have regarding a placement. The manager described the on call system that staff can access out of hours for support and guidance.

The agency has in place an 'Appraisal Policy'; it was noted that staff are required to participate in an annual appraisal. The registered manager stated that staff nurses are encouraged to liaise with the 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 inspector noted that the agency has in place a system for obtaining the views and opinions of service users. Formal processes to record and respond to service users are maintained through the agency's complaints process and annual service user satisfaction surveys. The registered manager described the processes for receiving feedback from service users following the provision of staff. Documentation viewed included the feedback received from service users.

Five staff questionnaires returned to the RQIA indicated that staff are satisfied that care provided is compassionate.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

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. It was identified that policies and procedures are retained in a paper format and stored within the agency's office. The manager stated that relevant policies are discussed with staff during their induction and that the agency can provide staff with copies if required.

Records viewed and discussions with the registered manager 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.

It was identified that the agency has arrangements in place management for managing and monitoring of incidents and complaints. The manager 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 1 April 2015 to 31 March 2016. Discussion with the registered manager and documentation viewed indicated that the agency had knowledge of the agency's complaints procedure.

The registered manager stated that staff are required to complete training during their induction and an annual update. It was identified by the inspector from discussions with the manager and records viewed that agency staff are not provided until all the necessary pre-employment checks and documentation relating to 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 have received the necessary mandatory training and in addition training specific to the needs of service users.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff.

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 has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are kept under review.

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

Discussion with the registered manager 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.

Five staff questionnaires returned to the RQIA indicated that staff are satisfied that the service is well led.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marie Trimble, registered manager, 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	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 1.12</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>The registered provider should monitor the quality of services in accordance with the nursing agency's written procedure and complete a monitoring report on a monthly basis.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>WE HAVE SET-UP A MONITORING PROCEDURE FOR THE SERVICES PROVIDED BY THE NURSING AGENCY WHICH WILL BE COLLECTED IN AN ANONYMISED FORMAT AND REVIEWED ON A MONTHLY BASIS BY OUR NURSE MANAGER.</p> <p>THIS PROCESS WAS IMPLEMENTED FROM 1ST APRIL 2017.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews