



The Regulation and  
Quality Improvement  
Authority

## **Nursing Agency Inspection**

**Name of Nursing Agency:** Premiere People  
**Nursing Agency ID No:** 10686  
**Inspection No:** 21048  
**Date of Inspection:** 22 December 2014  
**Inspector's Name:** Michele Kelly

**The Regulation And Quality Improvement Authority**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544

**General Information**

<b>Name of agency:</b>	Premiere People
<b>Address:</b>	2nd Floor, Hampden House 55-59 Royal Avenue Belfast BT1 1FX
<b>Telephone number:</b>	(028) 9072 0104
<b>E mail address:</b>	tracy.hale@premiere-agency.com
<b>Registered organisation/ Registered provider:</b>	Premiere Employment Group Ltd Mrs Tracy Gamble
<b>Registered manager:</b>	Mrs Gertrude Trimble
<b>Person in Charge of the agency at the time of inspection:</b>	Mrs Gertrude Trimble
<b>Categories of care:</b>	Not applicable
<b>Number of registered nurses, health visitors and midwives on the agency's books:</b>	23
<b>Date and type of previous inspection:</b>	28 March 2014 Annual Announced Inspection
<b>Date and time of inspection:</b>	22 December 2014
<b>Name of inspector:</b>	Mrs 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.**

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**

Premiere People is a nursing agency operating from 2nd Floor, Hampden House, 55-59 Royal Avenue, Belfast, BT1 1FX. At the time of the inspection the service was supplying 23 nurses.

## Summary of Inspection

This is the annual unannounced inspection report for Premiere People which was undertaken on 22 December 2014 by Michele Kelly from the Regulation and Quality Improvement Authority (RQIA) starting at 9:30 am and finishing at 1:00pm.

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 (2008).

The registered manager, Mrs Gertrude Trimble and registered provider, Mrs Tracy Gamble were in attendance throughout the inspection.

The previous inspection occurred on 28 March 2014 and resulted in no requirements and no recommendations.

The focus for this inspection was to examine a selected number of criteria from standards extracted from DHSSPS Nursing Agencies Minimum Standards document (2008). To validate compliance levels for two 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.

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. Five 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 Absence of the Registered Manager, Orientation and Induction and Management and Control of Operations. The registered manager confirmed that the agency do not provide nursing care to private patients in their own home. Therefore standards in relation to this were not inspected.

- **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 three policies were viewed 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 quality and compliance manager for the service also has a responsibility to ensure that policies direct the quality of services provided by the nursing agency. The manager also 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 Record Keeping policy which sets out arrangements for the creation, use and storage of records.

Evidence that all nurses supplied by the agency had an annual appraisal was not available in personnel files and a requirement is made in relation to this matter.

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

The overall outcome of the inspection would indicate that the agency is providing a high quality service with safe and effective patient care.

The inspector would like to extend her gratitude the staff of Premiere People for the hospitality and contribution to the inspection process.

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

No requirements or recommendations were made as a result of the previous inspection.

<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>Compliance Level</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>Provider's Self Assessment:</b>	
<p>The day to day management of the Healthcare Division is the responsibility of the Nurse Manager who is a Registered Nurse and Managing Director, who are charged with meeting the requirements of the suite of policies designed to meet the requirements of our registration with the Regulation and Quality Improvement Authority. These policies have been designed with the Group Auditor for Health and Social Care who is responsible for ensuring company operations meet the legislative and regulatory requirements pertaining to the industry. The Managing Director reviews the business on a 6 weekly basis, meeting physically with the Nurse Manager as appropriate. The Healthcare Division is subject to regular internal audit from the Group Auditor for Health and Social Care, and external audit by our client trusts as well as the Regulation and Quality Improvement Authority. Policies are reviewed as part of our continuous Quality Improvement processes, they are reviewed on an at least annual basis, by the appropriate support mechanisms. Policies pertaining to Human Resources are reviewed by the company's Human Resources Manager in Manchester. Policies driven by healthcare legislation by the Group Auditor for Health and Social Care. Policies are version controlled and are published on our Intranet to ensure that staff have access to up to date policies at all times. Where policies significantly affect a procedure the Human Resources Manager or Group Auditor will work with the Nurse Manager .</p>	Compliant
<b>Inspection Findings:</b>	
<p>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 three policies; Absence of the Registered Manager, Orientation and Induction and Management and Control of Operations. These policies had been reviewed by the registered manager and provider in conjunction with the Group Auditor for Health and Social Care and were dated and signed.</p>	Compliant

<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>Compliance Level</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>Provider's Self Assessment:</b>	
<p>Premiere People confirm there are policies and procedures in place to ensure the people who use our service experience quality outcomes whether it is a client looking to cover staff shortages or a patient being cared for by one of our Nurses. We have developed a range of processes that support our continuous strive to improve our service including : a robust, 3 stage complaints policy, a proactive user feedback survey, management structure with clear lines of accountability, a training policy for our nurses which sets our our expectations and how we will support our nurses to provide quality care, a regularly reviewed service user guide to inform potential users of our service and the quality service they should expect from us. Our Nurse Manager and Managing Director review all complaints on an ongoing basis and where necessary review our policies and procedures to reflect any action required. We are also regularly audited by Quality &amp; Compliance Manager against the Nurse Agency Minimum standards. A policy review process is also in place to ensure all policies remain up to date and fit for purpose.</p>	Compliant
<b>Inspection Findings:</b>	
<p>There is a quality and compliance manager in post who regularly audits policies and procedures to ensure compliance with RQIA minimum standards.</p> <p>The quality of services is monitored by the registered person on an ongoing basis through evaluations completed within the user feedback survey which is included in the annual report. The registered manager also makes regular weekly and sometimes daily contacts with clients regarding the quality of service provided by the agency. Information obtained from formal and informal contacts is used to ensure service improvement and may influence the development of policy and procedures.</p>	Compliant

<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>2.3 Policies and procedures are centrally indexed and compiled into a policy manual.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> We operate a record keeping policy which is reviewed regularly by our Quality & Compliance Manager to ensure all records are retained in line with current legislation. In order to provide a service which protects our users from risks of unsafe or inappropriate care arising from poor record keeping we have developed a record keeping policy to dictate the length of time we will keep certain documentation, the manner in which we store information and arrangements for securely destroying information when it is no longer required to be kept. This policy has been written to comply with Data Protection Act 1998 and Regulation 20, outcome 21, of the Health & Social Care Act of 2008.	Compliant
<b>Inspection Findings:</b> On the day of inspection Policies and procedures are centrally indexed and available in a policy manual in accordance with Appendix 3.	Compliant

<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>2.4 Policies and procedures are dated when issued, reviewed or revised.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> We confirm that all policies and procedures are dated when issued, reviewed or revised and in addition we have a policy review process to ensure this is complied with.	Compliant
<b>Inspection Findings:</b> All policies and procedures are dated when first issued and any reviews or revisions are also dated and signed.	Compliant

<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>2.5 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>	
All policies and procedures are reviewed systematically on a 3 yearly basis (or earlier if required) as part of our ongoing quality improvement process. Our registered Nurse Manager ratifies any revision or introduction of new policies and procedures with Managing Director and our Group Audit and Compliance Manager.	Compliant
<b>Inspection Findings:</b>	
The inspector viewed the policy manual and it was evident that policies are reviewed at least three yearly. The registered manager and the registered person are involved in all reviews of policies and procedures. It was evident that the registered provider is responsible for the ratification of revisions to existing policies and the introduction of new policies and procedures. The audit and compliance manager is involved in discussions and revisions of policies and procedures.	Compliant

<b>Standard 3: .Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</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>Provider's Self Assessment:</b>	
This would not be applicable to Premiere People Healthcare as we do not currently provide care to private patients in their own homes	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that the agency do not provide nursing care to private patients in their own home.	Not applicable

<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>Compliance Level</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>Provider's Self Assessment:</b>	
<p>In order to provide a service that protects our clients and nurses from the risks ensuing from poor record keeping, Premiere People has developed record keeping systems &amp; policies which are constantly reviewed but dictate:</p> <p>The length of time we will keep certain documentation                      The manner in which the information will be stored securely                      The arrangements for securely destroying information when it is no longer required to be kept                      confidentiality requirements                      which individuals have authority to access the records</p>	Compliant
<b>Inspection Findings:</b>	
<p>The Record Keeping policy and procedure contain detail and guidance for the creation, use, retention, storage, transfer, disposal of and access to records.</p>	Compliant

<b>Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<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>	
<b>Provider's Self Assessment:</b>	
All records are stored in accordance with The HPSS (Quality Improvement & Regulation) (NI) Order 2003 (Regulations) and are available upon request for inspection at all times.	Compliant
<b>Inspection Findings:</b>	
On the day of inspection records requested were made available to the inspector. The agency has a bespoke computerised system (Matchmaker) which records information as required by Schedule 4 and is programmed to provide alerts for indemnity insurance, NMC status and training needs. Evidence that all nurses supplied by the agency had an annual appraisal was not in place and a requirement is made in relation to this matter.	Substantially 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>3.4 The information held on record is accurate, up to date and necessary.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> We confirm all information held on record is accurate, up to date and necessary which is covered by our Record Keeping Policy.	Compliant
<b>Inspection Findings:</b> Records inspected were current, necessary and confirmed by the manager as accurate.	Compliant

<b>Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed: 3.5 Nursing care records are written and maintained in accordance with NMC guidelines.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
We confirm all records are maintained in accordance with NMC Guidelines. Electronic files can only be accessed by designated personnel with password protected access and these records are backed up daily on the server in our Manchester office. Manual files are filed and locked in a fire-proof cabinet, that can be accessed only by nominated staff, who support the healthcare division. We retain all records produced as a result of any business conducted within Premiere People Healthcare division for 8 years. After this time, files are disposed of using a confidential, professional shredding company.	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed the information described within the self-assessment. NMC guidelines are reflected in induction training, and there is a secure system within the service for storage of records.	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>3.6 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>	
Our training programmes for Office based staff and Nurses include how to record, handle and dispose of records in an appropriate manner and in line with good practice and legislative requirements.	Compliant
<b>Inspection Findings:</b>	
The agency includes training in the creation, use, management and disposal of records for office staff and nurses employed by Premiere People.	Compliant

<b>Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</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>Provider's Self Assessment:</b>	
In line with our Record Keeping Policy all records are held in a lockable, fire proof filing cabinet which is a secure environment to ensure confidentiality for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation using an accredited Confidential Waste Disposal company.	Compliant
<b>Inspection Findings:</b>	
The Record Keeping policy details requirements for the storage and archival of records and is as specified in DHSSPS guidelines.	Compliant

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Gertrude Trimble 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**  
**The Regulation and Quality Improvement Authority**  
**9<sup>th</sup> Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**



The Regulation and  
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## Quality Improvement Plan

### Unannounced Primary Inspection

PremierPeople

18 December 2014

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 Mrs Gertrude Trimble either 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	Regulation 18	It is required that the registered provider ensures that records of annual staff appraisals are maintained by the agency.	Once	As required Premiere People (Registered Provider) confirm all staff receive annual appraisals the records of which are kept in each workers HR file and maintained for inspection and future review.	Within six months of the date of inspection 23 June 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	<i>M. Trumble</i>
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	<i>Trumble</i>

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	YES	<i>Abdell</i>	10/2/15
Further information requested from provider			