



The Regulation and  
Quality Improvement  
Authority

## **Nursing Agency Inspection**

**Name of Nursing Agency:** Rutledge Joblink  
**Nursing Agency ID No:** 10687  
**Inspection No:** 21047  
**Date of Inspection:** 2 March 2015  
**Inspector's Name:** Maire Marley

**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>	Rutledge Joblink
<b>Address:</b>	56 Scotch Street Armagh BT61 7DF
<b>Telephone number:</b>	028 3752 7766
<b>E mail address:</b>	sduffy@rutledgegroup.co.uk
<b>Registered organisation/ Registered provider:</b>	Rutledge Joblink Mr Jonathan Doherty
<b>Registered manager:</b>	Mrs Lorraine McBride
<b>Person in Charge of the agency at the time of inspection:</b>	Mrs Lorraine McBride
<b>Categories of care:</b>	Nursing Agency
<b>Number of registered nurses, health visitors and midwives on the agency's books:</b>	30
<b>Date and type of previous inspection:</b>	Announced 11 February 2014
<b>Date and time of inspection:</b>	2 March 2015 2.00 pm - 5.00 pm
<b>Name of inspector:</b>	Maire Marley

## 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**

Rutledge Joblink is a nursing agency operating from 56, Scotch Street, Armagh BT61 7DF. The service currently supplies 27 nurses to service users within nursing homes and hospitals. Services currently operate throughout the province. The agency currently employs approximately 30 nursing staff and has offices based in Belfast and Ballymena.

## **Summary of Inspection**

This is the annual unannounced inspection report of Rutledge Joblink which was undertaken by Maire Marley an inspector from the RQIA on 2 March 2015 between the hours of 2.00pm and 5.00pm. The registered manager was in attendance and was available throughout the inspection.

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

There were no requirements or recommendations as a result of the previous inspection dated 11 February 2014.

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

- **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.**

To validate compliance levels for each of the above standards, the inspector had a lengthy discussion with the registered manager and undertook a review of relevant documentation held at the nursing agency.

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. Six 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 was requested to review the procedures in regard to obtaining references to ensure references are robust and demonstrate the fitness of staff.

Incidents records were reviewed and discussion was held in regard to the outcomes of one incident. The registered manager was requested to ensure all such investigations are fully investigated and the outcome of the action taken is documented.

**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 The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (2008) Appendix 3.

A number of policies and procedures were reviewed, which included Management of Complaints, Absence of the Registered Manager, Orientation and Induction, Protection of Vulnerable Adults from Abuse, Recruitment and Selection of Staff, Records Management and Management and Control of Operations. No issues were identified on this occasion.

Policies were found to be centrally indexed and had been dated and signed by the registered manager. There was evidence that policies are subject to at least a three yearly review by the registered provider/manager. The registered manager discussed how feedback from nurses and clients helped inform policy and procedure.

**The agency was assessed as 'compliant' with this standard.**

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

Rutledge Jobskills has in place policies in regard to the management of records and these detail the arrangements for the creation, use and storage of records.

There was evidence that the agency records and maintains information as required by regulations.

The agency was assessed 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. Two recommendations are made in this report and these are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

The inspector would like to extend her gratitude to Mrs McBride for the hospitality and contribution to the inspection process.

**Follow-Up on Previous Issues from previous 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>2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in accordance with statutory requirements.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
All policies and procedures as identified in Appendix 3 are in place and kept in a file. These are kept in accordance with statutory requirements.	Provider to complete
<b>Inspection Findings:</b>	
There was evidence that policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses in accordance with statutory requirements were in place. The inspector viewed the following policies; Absence of the Registered Manager, Orientation and Induction, Management and Control of Operations, Complaints, Protection of Vulnerable Adults from Abuse, Recruitment and Selection of Staff and Records Management. These policies had been reviewed by the registered manager and were dated and signed.	Compliant
<b>Criterion Assessed:</b> <b>2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
We do not supply nurses to private patients in their own homes. Policies and procedures are discussed at supervision sessions. Phone conversations with managers of homes and also comments in progress reports and survey letters are used to update P&P's.	Provider to complete

<b>Inspection Findings:</b>	
The registered manager explained how staff and service users influence the development of policies. Information is obtained from formal group supervision and in the informal contacts and formal feed-back from those settings where the agency supply nurses. The registered manager reported that information obtained assists her to develop and improve the service provided.	Compliant
<b>Criterion Assessed:</b> <b>2.3 Policies and procedures are centrally indexed and compiled into a policy manual.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Policies and procedures are centrally indexed and compiled into a policy manual.	Provider to complete
<b>Inspection Findings:</b>	
On the day of this inspection policies and procedures were centrally indexed, well organised and available in a policy manual.	Compliant
<b>Criterion Assessed:</b> <b>2.4 Policies and procedures are dated when issued, reviewed or revised.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Policies and procedures are dated & signed by manager and provider when issued and given an identification number by quality assurance manager. This is also the case for the reviewed and revised P&P's. A review date is also on each P&P.	Provider to complete
<b>Inspection Findings:</b>	
The policies and procedures viewed on the day of inspection were dated when first issued and there was evidence that reviews or revisions were also dated and signed by the registered person and the registered manager.	Compliant

<b>Criterion Assessed:</b> <b>2.5 Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or introduction of new policies and procedures.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Policies and procedures are reviewed yearly by the manager and any revision is qualified by HR department and also the provider and a new issue number is given. The old P&P is also kept in the archives.	Provider to complete
<b>Inspection Findings:</b>	
The findings of the inspector concur with the information detailed in the provider's self- assessment.	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> 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>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
We do not supply nurses to private patients in their own homes, therefore we do not hold patients records. If we did we would adhere the 1998 data protection act. We also have current conformation from the information comissioner office for NI.	Provider to complete
<b>Inspection Findings:</b>	
The findings of the inspector concur with the provider's self –assessment.	Not applicable
<b>Criterion Assessed:</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>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
There is a "management of records and information" policy giving details for the management of records, including creation, use, retention, storage, transfer, disposal of and access to records.	Provider to complete
<b>Inspection Findings:</b>	
The Management of Records Policy and the Access to Information Policy and procedure viewed on the day contained guidance for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliant

<b>Criterion Assessed:</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>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Records required under the HPSS order 2003 are available in the agency for inspection. All recruitment and selection records including terms and conditions are available. Profiles are up to date and sent to service users. There are alphabetical indexes of service users and nurses available including the supply of a nurse to a service user.	Provider to complete
<b>Inspection Findings:</b>	
On the day of inspection all records requested were made available to the inspector and these were well presented and organised.	Compliant
<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>	
The information held on record is accurate up to date and necessary. This is evidenced by quarterly audits of nursing and care files by the manager.	Provider to complete
<b>Inspection Findings:</b>	
Records examined were current, necessary and confirmed by the manager as accurate.	Compliant

<b>Criterion Assessed:</b> <b>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> All nurses adhere to N.M.C. guidelines which is enhanced through supervision and appraisal. We do not hold nursing care records as we do not supply nurses to private patients in their own homes.	Provider to complete
<b>Inspection Findings:</b> The registered manager confirmed that she discusses nursing care records regularly with the agency staff to ensure compliance with NMC guidelines. The registered manager had implemented arrangements to enable nurses to discuss the forthcoming arrangements in regard to nurses' revalidation. Nurses came together in a group to reflect on their practice and consider how the new processes would affect them and their practice. This is commended.	Compliant
<b>Criterion Assessed:</b> <b>3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> There is a "management of records and information" policy which is adhered to by all staff. We do not hold records of private patients in their own homes as we do not supply nurses to them.	Provider to complete
<b>Inspection Findings:</b> The records viewed on the day confirmed that training and induction includes information on the creation, use, management and disposal of records. The policies entitled record keeping, access to information and confidentiality are included in the staff hand-book.	Compliant

<b>Criterion Assessed:</b> <b>3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Retention of records and dispersal timescales are listed and disposed of in accordance with legislation. All records are kept in locked cabinets. All records kept on computer database can only be accessed by each persons security I.D. unique to the individual.	Provider to complete
<b>Inspection Findings:</b>	
The information in regard to the disposal of records was outlined in the policies on the management of records information. There was evidence that records are stored securely.	Compliant

## **Additional information**

### **Complaints**

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2014 and 31 December 2014.

### **Recruitment Procedures**

The inspector reviewed the recruitment process and found recruitment procedures were robust. However, the process regarding obtaining references that confirmed the fitness of staff was in need of review. It was noted in one file the reference only provided the dates of employment and the agency had not implemented any additional measures to ascertain the fitness of the nurse.

### **Incidents**

Following the review of incidents a discussion was held with the registered manager in regard to the management of incidents. It was acknowledged that each incident had been reviewed and reported in accordance with procedures however the registered manager must ensure all incidents are fully investigated and the action taken and the outcome of the action documented.

## Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Lorraine McBride, 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:

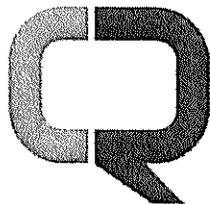
**Maire Marley**  
**The Regulation and Quality Improvement Authority**  
**Riverside Tower**  
**2 Lanyon Place**  
**Belfast**  
**BT1 2BT**

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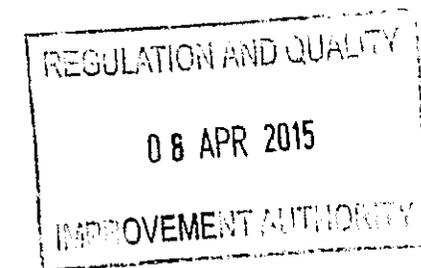
Maire Marley  
**Inspector**

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**Date**



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**Quality Improvement Plan**  
**Unannounced Primary Inspection**  
**Rutledge Joblink**  
**2 March 2015**

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

The specific actions set out in the Quality Improvement Plan were discussed with Lorraine McBride registered manager during 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.

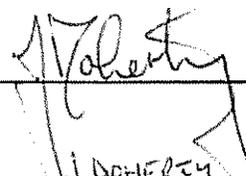
### Recommendations

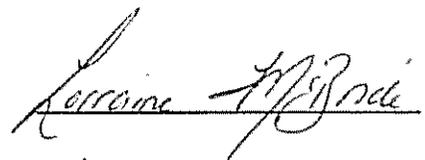
These recommendations are based on The Nursing Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	4.2	The registered manager must ensure suitable measures are in place to confirm the fitness of staff employed by the agency.	One	<i>Where 2 references are from the same company or if dates only of employment are confirmed we now require a third reference from another party. Amended &amp; Actioned</i>	No later than 30 April 2015
2	1.14	The registered manager must ensure all incidents are fully investigated and the action taken and the outcome of the action documented.	One	<i>The said incident has been corrected and discussed with the complainant. Actioned.</i>	No later than 30 April 2015

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

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

SIGNED:   
 NAME: J. DOHERTY  
 Registered Provider  
 DATE 27.3.2015

SIGNED:   
 NAME: LORRAINE MCBRIDE  
 Registered Manager  
 DATE 27.3.2015

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	H. Hawley	7/7/15
Further information requested from provider			