

Unannounced Care Inspection Report 26 September 2016



Rutledge Joblink

Type of service: Nursing Agency
Address: 56 Scotch Street, Armagh BT61 7DF
Tel No: 02837527766
Inspector: Maire Marley

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Rutledge Joblink took place on 26 September from 10.00 to 15.00 hours.

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

Is care safe?

Rutledge had written procedures in place regarding the recruitment and selection of nurses that ensured staff employed were suitably skilled, competent and qualified. Records examined provided evidence that the registered manager is involved in the recruitment and selection of nurses and appropriate records are maintained.

Suitable arrangements were in place to protect service users through identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the service users and HSC Trust representatives.

No areas for quality improvement were identified during the inspection in relation to the domain 'Is care safe?'

Is care effective?

There was evidence that the agency was contributing to effective care being delivered. Robust arrangements were in place to ensure that the selection of nurses matches the requirements of each placement. Systems were in place to monitor and review the placements of nurses.

Records examined provided evidence of the arrangements in place to promote effective communication with service users.

No areas for quality improvement were identified during the inspection in relation to the domain 'Is care effective?'

Is care compassionate?

There was evidence that the agency contributed to the delivery of compassionate care. The agency had arrangements in place to communicate, listen and value the views of services users. This was evident from the service users' feedback regarding staff attitudes and the provision of individualised care and support provided by nurses placed by the agency.

No areas for quality improvement were identified during the inspection in relation to the domain 'Is care compassionate?'

Is the service well led?

The agency has in place robust management and governance systems to meet the needs of service users.

It was evident from the returned staff questionnaires that agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered manager fulfils her responsibilities in a manner which encourages the respect of staff and promotes effective service delivery, and ensures that the agency operates in accordance with the regulatory framework. The registered manager is also responsible for a sub office in Ballymena and divides her time between the two offices; no issues were identified regarding these arrangements.

No areas for quality improvement were identified during the inspection in relation to the domain 'Is the service well led?'

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	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Lorraine McBride, registered manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Rutledge Joblink/Jonathan McNeill Doherty	Registered manager: Lorraine McBride
Person in charge of the home at the time of inspection: Lorraine McBride	Date manager registered: 10 May 2012

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous RQIA inspection report
- Records of notifiable events

The following records were viewed during the inspection:

- Monthly quality monitoring reports
- Records relating to staff 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
- Matching Skills and Expertise
- Confirmation of NMC Status Policy
- Safeguarding Adults at Risk Policy
- Whistleblowing Policy
- Supervision and Appraisal Policy
- Complaints Policy
- Incident Policy
- Confidentiality Policy
- Evaluation and feedback

During the inspection the inspector met the registered manager. The inspector requested that ten questionnaires were distributed for completion by staff members in Armagh and Ballymena offices; ten questionnaires have been returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

Rutledge Joblink is a nursing agency and operates mainly from their office in Armagh; however, they also have an additional office in Ballymena. The service currently supplies 60 nurses to service users within nursing homes and hospitals.

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

4.1 Review of requirements and recommendations from the last care inspection dated 27 January 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

The agency's recruitment processes were examined during the inspection and this included a review of the agency's recruitment and selection procedures; it was noted that these had been subjected to a three yearly review in accordance with Minimum Standard 2.5.

The recruitment policy detailed the arrangements regarding staff pre-employment checks, and a review of staff records provided evidence that pre-employment checks have been completed. The registered manager stated that nurses are not provided until all required checks have been completed.

The agency provides staff with a structured induction and records retained in 10 staff files examined evidenced that induction had been provided and the records were appropriately signed by the new member of staff and the registered manager.

Each new staff member is provided with a staff hand-book that details the structure of the organisation; information on complaints, whistle-blowing and safeguarding vulnerable adults; and other relevant information.

The agency's supervision and appraisal policy details the timescales and processes for staff supervision and appraisal. Records examined established that staff were receiving appraisals and supervision in accordance with the procedures.

The registered manager could describe the details of the agency's policy for matching appropriately skilled staff to placements; they stated that a staff profile is forwarded to each service user detailing the knowledge, skills and experience of the staff member being supplied. Each nurse had a copy of their profile on file. The agency has a process for checking the NMC register monthly for staff nurses employed; records maintained were viewed by the inspector.

The agency's safeguarding arrangements were examined and it was noted that safeguarding training has been received by all staff and is included in the staff induction programme. The agency's adult safeguarding policy was examined and it was good to note that the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults policy issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership' was in place. There was evidence the policy was discussed with staff during supervision.

The agency obtains feedback through telephone contact and feedback reports regarding the placement of staff; the manager outlined some of the difficulties obtaining written feedback and that they found telephone contact to be most productive.

The agency's registered premises include an office which is suitable for the operation of the agency.

Ten staff questionnaires were returned to the inspector; responses indicated that staff were satisfied that care was safe.

Areas for improvement

No areas for improvement were identified during the inspection

Number of requirements:	0	Number of recommendations:	0
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4.3 Is care effective?

The agency's record keeping arrangements and associated policies were reviewed and discussed with the registered manager.

The data protection policy was examined and contained the procedures for the creation, storage, retention and disposal of records; it was noted from the range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

Discussions with the registered manager and records viewed confirmed that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users. There was evidence that the agency has a process for maintaining a record of compliments and complaints received.

The inspector identified that the agency monitors monthly the effectiveness and quality of care provided to service users through their customer satisfaction review; these responses are analysed and incorporated into the annual quality review report.

Monthly audits include a review of training, supervision, staff records, complaints, incidents and safeguarding referrals.

Systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection.

The registered manager described how the agency maintains effective working relationships with service users and provided examples of liaison with stakeholders in relation to achieving better outcomes for service users.

Information provided to service users included the procedure 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 followed for addressing concerns relating to a staff nurse and stated that whilst the process was ongoing the staff member would not be provided to work.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Agency staff are provided with information in relation to the agency's confidentiality policy; it was noted that all staff can access policies and procedures electronically.

The agency has arrangements in place to monitor the performance of nursing staff; these include training and competency assessments completed electronically; the registered manager reported all staff must achieve a required level before being deemed competent.

The agency has a process for obtaining the views of service users in relation to staff performance; the registered manager described the process for engaging with the relevant service users in order to obtain feedback, and discussed the challenges in receiving a return of feedback forms distributed.

Formal processes to record and respond to service users are maintained through the agency's complaints process, monthly quality monitoring and service user satisfaction surveys. It was noted that the agency's monthly quality monitoring report incorporated the feedback received from service users.

The agency has an electronic system for recording training completed, and in addition for highlighting when training updates are required. In addition, the registered manager maintains a record and these were viewed by the inspector. The registered manager could describe their role in identifying and highlighting gaps on a monthly basis. The inspector was provided with assurances that staff would not be provided if training updates had not been successfully completed.

The registered manager stated that the agency ensures that staff nurses have the required 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 were in receipt of the relevant training.

A system is in place to ensure that nurses can report concerns they may have regarding a placement. The agency has an on call system that staff can access out of hours for support and guidance. Comments made by staff in returned questionnaires included: "Our manager is always available to talk and advise."

The 'Whistleblowing Policy' available for staff details the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising these concerns; the role of RQIA in relation to whistleblowing is appropriately referenced.

Ten staff questionnaires were returned to the inspector; responses indicated that staff were satisfied that care was compassionate.

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?

This inspection was completed over two days to enable staff records from the Ballymena office to be inspected in Armagh. The registered manager was available for discussion and feedback on both days. As previously stated, the registered manager is responsible for two offices, the registered office in Armagh and an additional office in Ballymena. The registered manager reported that the organisation are reviewing their process to ensure records relating to staff in Ballymena are available for inspection in Armagh.

The agency's management and governance arrangements were reviewed and established that the systems in place were suitable to meet the needs of service users and provided evidence that the service was well led.

The review of a number of policies and procedures established the policies were reviewed regularly and maintained in accordance with the minimum standards and relevant legislation. It was identified that staff have access to the policies and procedures electronically and additionally in paper format stored within the agency's office.

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

The agency's complaints policy outlines the procedure in handling complaints. A review of the information returned to RQIA relating to complaints received between 1 January 2015 and 31 March 2016 evidenced that the agency has received no complaints for this period. This was confirmed in discussion with the registered manager who was fully familiar regarding the agency's complaints procedure.

The incident policy and records of incident audits were examined during the inspection. These records concurred with the number of incidents reported to RQIA since the previous inspection, all of which had been managed appropriately. The incidents reviewed by the inspector referred to medication administration. Discussion with the registered manager and details recorded regarding the action taken found the incidents had been managed appropriately.

There was evidence of the management and governance systems that drive quality improvement, and these included a monthly operation report that commented on a range of audits undertaken, including staff meetings, audits of files, complaints, training and supervision and accidents/incidents.

Suitable arrangements are in place to ensure that staff are appropriately recruited, complete training during their initial induction and thereafter attend the required refresher training.

The inspector viewed the staff training records; it was confirmed that the system highlights when training updates are required. Records viewed indicated that staff have completed required mandatory training, and in addition training specific to meet the needs of service users.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff. This information is also included in the handbook provided to staff, which outlines the role and responsibilities of their individual job roles.

The agency has a process for obtaining feedback from service users when a nurse has been provided; the inspector viewed feedback documentation received by the agency.

Ten staff questionnaires were returned to the inspector; responses indicated that staff were satisfied that the service was well led.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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