

# Announced Care Inspection Report 3 October 2019



## Rutledge Recruitment Ltd

**Type of Service: Residential Care Home BT61 7DF**  
**Address: 1st Floor, Lennox House, Market Street, Armagh,**  
**Tel No: 02837527766**  
**Inspector: Michele Kelly**

[www.rqia.org.uk](http://www.rqia.org.uk)

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

Rutledge Recruitment is a nursing agency which supplies registered nurses to private nursing homes and hospitals.

**3.0 Service details**

<b>Organisation/Registered Provider:</b> Rutledge Recruitment Ltd.	<b>Registered Manager:</b> Mrs Lorraine McBride
<b>Responsible Individual:</b> Mr Jonathan McNeill Doherty	

<b>Person in charge at the time of inspection:</b> Healthcare recruitment manager	<b>Date manager registered:</b> 10 May 2012
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#### 4.0 Inspection summary

An announced inspection took place on 3 October 2019 from 09.35 to 12.15.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

Evidence of good practice was found in relation to recruitment, communicating with stakeholders, staff training, supervision and support. There was evidence of compassionate care and the agency's engagement with service users and staff.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the healthcare recruitment 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.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 19 February 2019.

No further actions were required to be taken following the most recent inspection on 19 February 2019.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report
- record of notifiable events since the previous inspection
- All correspondence received by RQIA since the previous inspection

On the day of inspection the inspector spoke with the healthcare recruitment manager and the senior administrator.

Following the inspection the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of this report.

Following the inspection the inspector spoke on the telephone with the deputy manager of one of the areas Rutledge supplies nurses to work in and also spoke with one of the nurses supplied, their views are included in the body of the report.

The following records were examined during the inspection:

- A range of policies and procedures regarding recruitment, induction, staff supervision and appraisal and safeguarding adults.
- Statement of Purpose.
- Service User Guide.
- Two staff members' recruitment records.
- Two staff members' induction records.
- Two staff members' training records.
- Staff Nursing and Midwifery Council (NMC) registration checking process.
- A range of quality monitoring reports.
- Incidents.
- Quality audits and governance arrangements.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 19 February 2019.**

The most recent inspection of the agency was an announced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 19 February 2019**

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The agency's recruitment policy outlines the procedures for ensuring that the required staff pre-employment checks are completed prior to commencement of employment. The agency retains a record of checks completed; the person in charge and the senior administrator confirmed that information is reviewed and verified by the manager and that registered nurses are not permitted to work until all pre-employment checks have been satisfactorily completed and verified. Staff recruitment records viewed evidenced that required checks had been completed and that the agency's recruitment process is robust.

The agency requires registered nurses to complete an induction and in addition, to complete training in a range of mandatory areas prior to their commencement of employment. A record of induction provided to staff is maintained; records viewed outline the information and support provided to staff during the induction process.

There was a rolling programme of training, supervision and appraisal. Records of staff supervision and appraisal indicated that staff had received supervision and appraisal in accordance with the time frames specified in the agency's procedures.

The agency has a system for recording training completed by staff and for highlighting when training is required. The person in charge stated that registered nurses are not permitted to work if annual training updates have not been completed. It was good to note that additional training had been provided to staff in areas such as sepsis and International Dysphagia Diet Standardisation Initiative (IDDSI). The inspector was advised that during group supervisions additional training is often undertaken and the inspector advised that future sessions could include topics such as capacity legislation and Deprivation of Liberty Safeguards (DoLS).

Administrative staff who met with the inspector described the procedure in place for matching appropriately skilled and experience of staff to the commissioned placement. This was documented by the manager within individual staff profiles. A copy of the profile is forwarded to the commissioning service detailing qualifications, skills and experience of the staff allocated to the placement. The inspector suggested improvements to the profile to ensure explicit information regarding individual nurse's competence, experience and work preferences could be captured. Following the inspection the healthcare recruitment manager emailed the revised profile to the inspector; this matter will be reviewed at the next inspection.

Policies and procedures on adult safeguarding, were noted to be in accordance with DOH policy titled Adult Safeguarding Prevention and Protection in Partnership (July 2015). The registered manager has received training in the adult safeguarding champion's role and function and was the identified champion for the nursing agency. The annual position report has not yet been completed and the inspector advised that RQIA will wish to review evidence of the report following the implementation date of 1 April 2020.

The agency has a system for monitoring and recording the registration status of nurses with the NMC; the person in charge described the process for checking the NMC register on a monthly basis to ensure that all staff are registered.

The inspector discussed progress in respect of an incident discussed at the last inspection and reviewed evidence that matters had been investigated and appropriate referrals to regulatory bodies made. Following this inspection RQIA was notified of a further incident which was reported to the agency. The inspector is satisfied that the agency has taken appropriate measures and is co-operating fully with investigations.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The inspector reviewed the 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 outlined within the Statement of Purpose.

The agency’s management of records and information policy details the process for the creation, storage, retention and disposal of records. It was noted from records viewed that records are maintained in an organised and secure manner and in accordance with legislation, standards and the organisational policy.

Discussions during the inspection and documentation viewed provided evidence that the agency has systems in place to monitor, audit and review the effectiveness and quality of the service provided. The systems were noted to include processes for the review of the NMC registration status of nurses, audits of complaints, accidents and incidents. The agency had systems in place to record, monitor and retain service user comments regarding the quality of care provided by the nurses supplied by the agency. Methods identified included service user questionnaires and telephone contact surveys.

The inspector viewed a range of reports which evidenced that a quality monitoring review and report are completed monthly and signed by the responsible individual.

## Areas of good practice

Areas of good practice were identified in relation to record keeping, systems for communication with service users, staff, the agency's training programme and systems for reviewing the quality of the service provided.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussions with the person in charge and review of records retained indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation.

The agency had a wide range of policies and procedures that direct the quality of services provided. Policies were readily available in hard copy format. Policies held were current, dated and signed by the registered provider. Policies held were centrally indexed for ease of access and were compiled into a policy manual.

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; staff are provided with a copy during the induction process

The agency operates an "on call" system so that staff can access out of hours support when necessary.

The agency has a process of obtaining the views of service users; satisfaction surveys of service users are conducted, with responses analysed and if necessary action taken to address any areas where improvement is required. The inspector spoke to the deputy manager of one of the private nursing homes agency nurses are supplied to work in; this person confirmed that staff are well prepared for their allocated placements and that if there were any issues Rutledge would be responsive.

An agency nurse who spoke on the telephone to the inspector commented:

- "Training is very, very good."
- "I feel very well supported, that's why I stayed with this agency."

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The agency's management and governance systems in place to meet the needs of service users were reviewed.

It was identified that the agency has a range of policies and procedures in place which were noted to have been reviewed and updated in accordance with the timescales as outlined within the Minimum Standards, relevant legislation and guidelines.

Staff are provided with a number of key policies during induction and in the staff handbook. The agency's Statement of Purpose (2019) and Service User Guide (2019) are kept under review.

The organisational and management structure of the agency as outlined in the Statement of Purpose identifies lines of accountability and the roles of staff. It was identified that registered nurses are provided with a job description at the commencement of employment which outlines the responsibilities of their job role.

Discussions with the person in charge and documentation viewed indicated that the agency's governance arrangements promote the identification and management of risk. They include the provision of required policies and procedures, provision of induction and training update; monitoring of staff training, registration status of staff with the NMC, complaints, safeguarding referrals and accidents and incidents including those notifiable to RQIA and review of feedback received on from monthly and annual surveys.

The agency had an incident policy and retained records of accidents/incidents. Incidents were notified to RQIA as recommended within standard 1.14. Where necessary, measures were put in place to minimise recurrence. Regular audits of accidents/incidents were undertaken and shared with senior management with follow up action taken if necessary to address any issues arising. Records viewed by the inspector indicated that the agency has a robust process for recording details of complaints and incidents and the actions taken in response.



**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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