

Announced Care Inspection Report 07 November 2017



North West Recruitment

Type of Service: Nursing Agency
Address: 19 Carlisle Road, Londonderry, BT48 6JJ
Tel No: 02871372937
Inspector: Amanda Jackson

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

North West Recruitment nursing agency operates from premises on Carlisle Road in Londonderry. The agency currently supplies three registered nurses into five facilities in the Western Health and Social Care Trust (WSHCT) and the Northern Health and Social Care Trust (NHSCT).

3.0 Service details

Organisation/Registered Provider: North West Care Responsible Individual: Mr Philip Stewart	Registered Manager: Mrs Shirley Lynda Baird
Person in charge at the time of inspection: Mrs Shirley Lynda Baird	Date manager registered: 15 December 2016

4.0 Inspection summary

An announced inspection took place on 07 November 2017 from 10.30 to 12.45.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from facility managers and staff during the course of the inspection was positive with two facility managers, and one staff presenting positive feedback.

Facility managers communicated with by the inspector, presented a range of positive feedback regarding the service provided by North West Recruitment in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the manager during inspection.

No areas were identified for improvement and development.

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.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Shirley Baird, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 22 September 2016

No further actions were required to be taken following the most recent inspection on 22 September 2016.

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 for 2016/2017
- record of complaints notified to the agency

On the day of inspection the inspector spoke with the registered manager and one nurse who is supplied by North West Recruitment.

At the request of the inspector, 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 questionnaires were returned.

The following records were examined during the inspection:

- A range of policies and procedures regarding recruitment, induction, staff supervision and appraisal, safeguarding adults, whistleblowing, record keeping, confidentiality and incidents management.
- Statement of purpose.
- Service user guide.
- One staff member's recruitment records.
- Two staff members' supervision and appraisal records.
- Two staff members' training and competency assessment records.
- Staff NMC registration checking process.
- Three monthly monitoring reports.
- Annual quality report for 2016.
- Compliments.

No areas for improvement were identified at the last care inspection.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 September 2016

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 22 September 2016

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.

During the inspection the inspector reviewed staffing arrangements in place within the agency.

The agency's recruitment and selection policy for nurses outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment. The manager stated that nurses are not provided until all required checks have been completed. Review of one staff record during inspection confirmed the staff member had not received the appropriate recruitment checks prior to being placed by the agency. Monthly NMC checks for recent months were also provided to the inspector regarding ongoing checks in place for staff working for the agency.

The manager stated that a skills profile is completed during the interview process to identify skills and experience of individual staff; evidence of this process was reviewed during inspection. The agency's induction programme outlines the process provided to staff prior to their commencement of employment; records for one new staff member supported this process of induction. The agency maintains a record of the induction training provided to staff and again this was evident within the record reviewed at inspection. One recently commenced staff member spoken with during inspection confirmed a robust recruitment and induction process and that they had received appropriate training for their job role.

The agency's supervision and appraisal process was reviewed during inspection. The agency maintains a record of staff supervision; records viewed indicated that they are completed in accordance with the agency's procedural timeframes. The agency undertakes staff appraisals on an annual basis and this was confirmed within the staff files reviewed during inspection.

One staff member spoken with during inspection confirmed supervision had taken place since their employment commenced; this staff member has not worked with the agency for a year hence staff appraisal was not due to take place.

The inspector examined the agency's provision for the welfare, care and protection of service users. The responsible individual described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; and have revised their policy and procedure in accordance with the guidance.

The inspector was unable to review records maintained in relation to safeguarding vulnerable adults as no matters had arisen since the previous inspection. Discussions with the manager indicated that they had knowledge 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 staff member spoken with during inspection presented relevant knowledge in the areas of safeguarding and whistleblowing.

Two facility managers who spoke with the inspector during the inspection stated that issues or concerns do not generally arise in relation to the staff members provided by the agency. The managers stated they would be confident that any matters arising would be handled appropriately and in a timely manner.

Discussions with the manager indicated that staff are provided with training in relation to safeguarding vulnerable adults during their initial induction; staff are required to complete an annual update and records of this were reviewed during inspection. It was discussed how staff are being support regarding NMC revalidation (Nursing and Midwifery Council) and this was confirmed by the manager and one staff member spoken with during inspection.

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

The agency's registered premises includes a range of office which are suitable for the operation of the agency as reviewed in the Statement of Purpose. The manager confirmed the agency computers are password protected. Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

The manager could describe the process for assessing the needs and requirement 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 agency retain records of such assessments which are completed during interview with the staff member and reviewed on an ongoing basis. The agency has a process for checking the NMC register at recruitment and on an ongoing monthly basis for staff members employed; records maintained were viewed by the inspector.

Discussions with two facility managers during the inspection confirmed services are requested for feedback by the agency during monthly quality monitoring, site visits and purchaser evaluations. Review of records supported compliance with the agency's own procedure on quality monitoring.

Service users' comments:

- “Staff supplied are not permanent to the service but their dedication is every bit as good as the regular daycentre staff”.
- “Communication with North West Care is very good”.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

During the inspection 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 detailed within the Statement of Purpose reviewed.

The agency's policies on 'Management of records' which were viewed during the inspection clearly detailed 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.

From discussion with one staff and records viewed it was identified that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users and this was found to be in line with the agencies own policy and procedure. From records examined it was identified that the agency completes a monthly audit of the effectiveness and quality of care provided to service users this include a review of complaints and incidents. The manager confirmed they are in contact with service users on an ongoing basis through site visits, purchaser evaluations and monthly monitoring to obtain their views on the service provided. Discussions with two facility managers during the inspection confirmed good communication between the agency and the services.

Service user feedback has been incorporated into the annual quality process completed for 2016 together with staff feedback.

The agency's complaints procedure was reviewed during inspection. No complaints have arisen since the previous inspection.

The 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. It was identified that the agency has a process for obtaining the views and comments of service users in relation to staff provided. This process was consistent with the agencies policy and procedure on quality monitoring. Discussion with one staff member confirmed appropriate communication processes are in place.

Service users commented:

- ‘Staff provided are professional and compliant with policies and procedures.’
- ‘Communication is very good with NWR with staff supplied, office staff and management staff.’
- ‘Staff are very attentive’.
- ‘Reliable competent worker’
- ‘Work well within the team’
- ‘Staff perform well and are very punctual’
- ‘Staff provided are all professional and compliant with policies and procedures’

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Staff were aware of the need to ensure confidentiality and the staff member spoken with at inspection had knowledge of the areas of confidentiality applicable to their placements. The staff handbook is provided to all staff at induction, the handbook includes details on confidentiality. The agency has a policy on confidentiality and this was reviewed during the inspection.

The agency has a process for obtaining the views of service users in relation to staff performance; the manager described the process for engaging with the relevant managers in order to obtain feedback; it was noted from records viewed that this process involves telephone contact with managers during monthly monitoring completed by the operations manager.

The agency retains staff training records within individual staff files which were viewed by the inspector. The staff member spoken with stated that they receive training specific to their role; they confirmed that training is ongoing and they are alerted when update training is due for renewal. The staff member confirmed that they have received supervision since commencing employment and can speak with the manager at any time, the staff member had not undertaken appraisal due to employment with the agency less than a year.

Discussions with two facility managers and the agency staff member 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 facility managers spoken with confirmed staff members are competent and skilled and provide a good quality of care.

The manager stated that, prior to placement, agency staff nurses were provided with the relevant information 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 received the relevant training.

The agency has in place 'Supervision and appraisal procedures'; it was noted that staff are required to complete an annual appraisal and quarterly supervision. The manager stated that training and development is discussed during the appraisal meeting and a plan developed to address identified training needs. The manager stated that staff are encouraged to liaise at any time with the agency in relation to training needs; this was confirmed by the staff member spoken with during the inspection.

It was confirmed by the manager that the agency has in place systems to ensure that nurses can report concerns they may have regarding a placement. This was confirmed by the staff member spoken with during inspection.

The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the procedures to be followed. The policy references the role of RQIA in relation to whistleblowing and other bodies which staff could report to such as NMC. The staff member spoken with during inspection was clear regarding their role in reporting concerns.

The manager confirmed the agency maintains a record of all incidents of suspected, alleged or actual abuse identified. No matters have arising since the previous inspection.

It was noted that the agency has in place a system to record the views and opinions of service users. Agency documentation viewed recorded the feedback received from the various facility managers. Formal processes to record and respond to service users are maintained through the complaints process and the monthly quality monitoring reports.

Service users commented:

- "Quality of staff supplied is excellent."
- "No issues arising"
- "Staff nurse x has been excellent, provides excellent care and attitude to service users"
- "No issues with any staff so far, staff are compassionate in their approach"

Staff Nurse feedback:

- The staff member spoken with during the inspection discussed respect and dignity and demonstrated a clear knowledge around confidentiality and raising concerns to their line manager as appropriate. The staff member was clear regarding their role in relation to whistleblowing.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 inspector reviewed management and governance systems in place within the agency to meet the needs of service users. The inspector viewed a range of policies and procedures; it was noted that the agency has in place a comprehensive range of policies and procedures which were noted to have been reviewed ongoing and in accordance with the Minimum Standards, relevant legislation and guidelines.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency had received no complaint for the period 01 April 2016 to 31 March 2017. Discussion with the manager indicated that the agency could deal with complaints received in accordance with their policy and procedure.

It was identified that the agency has in place a management and governance system to review quality through monthly quality monitoring by the operations manager. Records viewed provided evidence that quality monitoring was in accordance with the agency policy and procedure.

The agency delivers all mandatory training via their internal training unit. The manager stated that staff are required to complete training during their induction and ongoing annual updates in line with mandatory requirements. The staff member spoken with during inspection confirmed this process of training. It was confirmed by the manager that agency staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified. Review of one recently recruited staff member's file confirmed compliance with the recruitment procedures.

The agency has a system in place for recording training completed by staff within individual staff files and this was reviewed during inspection. Records viewed indicated that staff have received the necessary mandatory training. The manager could describe the procedure for informing staff when training updates are required and stated that staff are not provided to work if training updates have not been completed. The staff member spoken with during the inspection verified an alert process in place within the agency when training and supervision are due for update.

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

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

Discussion with the manager indicated that there are good working relationships with external stakeholders. The facility managers spoken with during inspection could describe the process for contacting the agency's manager in relation to issues or concerns and indicated that no matters of concern have arisen. The facility managers confirmed they had confidence in the agency to respond effectively to any issues highlighted.

The agency has a process for requesting feedback from service users during monthly monitoring, site visits and purchaser evaluations. The inspector viewed three monthly reports and noted that they contained positive feedback in relation to the service provided.

Service users’ comments:

- “The agency had previously contacted the facility regarding a potential concern over a staff member, this was efficiently managed and communicated to me regarding outcome.”
“Training for the staff is very good and ongoing annually.”
- “We are very satisfied with NWR agency staff. We also felt at ease addressing any issues if they were to arise and happy to liaise with management and office staff”.
- “xxx is delighted with the service from NWR and reports a noticeable improvement in the service over the last few years”.
- “Rarely have a problem with NWR or their staff”.
- “Majority of staff with NWR are very professional and reliable, good response time to requests”.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)