



The **Regulation** and  
**Quality Improvement**  
Authority

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**Unannounced Care Inspection**  
**of**  
**The Scottish Nursing Guild**

**16 September 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
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## 1. Summary of Inspection

An unannounced care inspection took place on 16 September 2015 from 14.00 to 17.00 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the quality improvement plan (QIP) appended to this report. This inspection was underpinned by The Nursing Agencies Regulations (Northern Ireland) 2005, and The DHSPSS Nursing Agencies Minimum Standards (2008).

## 2. Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 3. Actions/Enforcement Resulting From This Inspection

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

## 4. Inspection Outcome

	Requirements	Recommendations
Requirements and Recommendations made at Previous Inspection	2	2
Previous Requirements and Recommendations Validated as Compliant/Substantially Compliant	2	2
Previous Requirements and Recommendations Restated	0	0
New Requirements and Recommendations Made at this Inspection	1	3
<b>Total Requirements and Recommendations Made</b>	<b>1</b>	<b>3</b>

The details of the QIP within this report were discussed with the office Health Care Manager, Mary Bailie as part of the inspection process. The timescales for completion commence from the date of inspection.

## 5. Service Details

<b>Registered Organisation/Registered Provider:</b> The Scottish Nursing Guild/Sara James	<b>Registered Manager:</b> Sara James
<b>Person in Charge of the Agency at the Time of Inspection:</b> Mary Bailie - Health Care Manager	<b>Date Registered:</b> 20 March 2008
<b>Number of Nurses Supplied by Nursing Agency to Private Patients in their own Homes:</b> 0	<b>Number of Registered Nurses, Health Visitors and Midwives on the Agency's Books:</b> 71 Registered Nurses in Northern Ireland

## 6. 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 themes:

**Theme 1: Nurse Training - The agency has procedures in place to ensure all nurses are appropriately trained and qualified for their roles.**

**Theme 2: Vulnerable adults and children are protected from abuse.**

## 7. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the Health Care Manager
- observation during an inspection of the premises
- evaluation and feedback

Prior to inspection the following records were examined:

- the previous care inspection report and returned QIP
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection

The following records were examined in the inspection:

- the statement of purpose
- service user guide
- staff placements
- three staff training records
- three staff recruitment files
- selected policies and procedures

- accident and incident records
- record of complaints and investigations
- monitoring visits

## 8. The Inspection

### 8.1 Review of Requirements and Recommendations from Previous Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 20 (2)	<p>The registered person/manager must ensure the quality review report for the agency is available for inspection. A copy of the report for the year 2014 should be submitted to the RQIA.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Audit reports completed internally by the organisation and an external body were submitted to the RQIA. The reports considered a range of systems that direct the quality of care provided by the agency for the year 2014. The reports provided were deemed satisfactory.</p>	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 8 (1) (iii)	<p>The registered person must confirm that the registered manager has responsibility for the day to day management of the nursing agency.</p>	<b>Met</b>
	<p>The organisational lines of accountability should be clearly defined in the statement of purpose. The document should identify the lines of accountability, specifies roles and responsibilities for areas of activity within the agency.</p>	
	<p>The registered person must review the Belfast office and inform the RQIA of the outcomes of that review.</p>	
	<p><b>Action taken as confirmed during the inspection:</b>            During a meeting following the previous inspection the registered manager provided an overview of her role and responsibility regarding the day to day management of the agency. This information provided RQIA with an assurance that the registered manager had overall responsibility for the day to day management of the agency.</p> <p>The inspector can confirm that the registered manager submitted a copy of the statement of purpose that clearly defined the organisational lines of roles and responsibilities. A variation form was submitted to the RQIA and approved for a change of address. The Belfast office is the office registered with RQIA.</p>	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 9.1	The safeguarding vulnerable adult policy should be reflective of the legalisation and regional and local protocols for Northern Ireland. The policy should provide contact details of the safeguarding team in each of the Health and Social Care Trusts where nurses are supplied.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The safeguarding vulnerable adult policy was submitted to the RQIA and contained the requested information. The policy was also available for inspection.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 2.6	The registered person must ensure that the policies and procedures in regard to the nursing agency reference The Scottish Guild Nursing Agency.	<b>Met</b>
	The registered person must ensure a policy in regard to the absence of the registered manager is devised.	
	<b>Action taken as confirmed during the inspection:</b> A random selection of policies were reviewed during inspection and found to be satisfactory and relevant to The Scottish Nursing Guild.  A copy of the policy regarding the absence of the registered manager was submitted to the RQIA. The policy detailed the procedures to be followed in the event of such circumstances.	

## 8.2 Theme 1: Nurse Training - The agency has procedures in place to ensure all nurses are appropriately trained and qualified for their roles.

### Is Care Safe?

The Scottish Nursing Guild's statement of purpose was available for inspection and confirmed that the nursing agency provides temporary and permanent registered nurses to clients in a variety of settings throughout Northern Ireland. These can include the four Health Care Trusts and the private sector.

The organisation has a clear induction policy that details the process for the induction of staff; these details are also included in the staff hand-book. Newly appointed staff are required to complete a structured induction programme that incorporates information on the agency, covers policies and procedures and the general standards and codes of practice expected of agency nurses. A record is maintained of each nurse's induction on their personal file.

Prior to placement agency staff are required to complete the required mandatory training and must provide documentary evidence of attendance at the different courses. In addition staff

receive a handbook, the contents of which are discussed during induction. The training policy for nurses employed in Northern Ireland was reviewed. The policy dated 15 May 2014 outlined the roles and responsibilities of the agency and the responsibilities of the individual nurse regarding mandatory training and continuous professional development. The document detailed the training that staff are required to undertake prior to employment and it was noted that the training requirements were in accordance with RQIA guidance on mandatory training.

The training policy clearly stated that a failure to comply with mandatory training would result in a temporary suspension therefore nurses would be unable to work for the agency. Training records are maintained electronically and a copy retained on each nurses file. An alert is received when training is out of date and the nurse is automatically deactivated from services until training is updated. The Health Care Manager was fully familiar with the procedures and expressed that generally nurses were keen to comply with the training requirements.

The agency has a dedicated training team and supports the professional development of nurses; it organises free study days and on-line courses to facilitate development. The inspector viewed details of study days that included dementia awareness, nutrition, challenging behaviour and basic life support.

As part of the inspection process RQIA left five questionnaires to be distributed and completed by nurses employed by the agency. The returned completed questionnaires indicated that the nurses were satisfied or very satisfied with the training opportunities provided, comments recorded included the following:

- “The agency is very strict when it comes to training; nobody is allowed to do shifts if not updated. They are keen to keep the reputation of the agency as well as the staff. The best company I have worked for in my 21 years of nursing.”
- “Opportunity for CPD difficult but mandatory training is very good.”
- “Agency are very well organised regarding up to date training and provide training for personal development also”
- “Specialist training provided by my permanent post in ED”.
- “Hand book and refresher training is mandatory yearly. Agency would not permit nurses to work until training is completed satisfactorily.”

### **Is Care Effective?**

The qualifications required for each placement is detailed in the service user guide and the staff hand-book details the role and responsibilities of nurses during their placement. Nurses are informed that they must receive structured orientation from their placement and be familiar with the placement’s emergency procedures.

Records examined provided evidence that on an annual basis the agency requests an update from nurses regarding their existing skills, newly acquired skills and evidence of ongoing learning, professional development and practice experience relevant to areas of practice. Proof of the newly acquired skills must be provided. Six staff training records viewed during inspection contained the information that had been requested from each nurse.

The Health Care Manager stated that staff are encouraged to liaise at any time with either the training team or the registered manager in relation to either training needs or concerns and nurses are aware there is an open door policy in the Belfast office.

There are clear arrangements in place for those services that use the agency to contact either the Registered Manager or Health Care Manager to discuss concerns regarding the competency of staff. All contacts are logged and the agency deploy a dedicated team to investigate complaints however the Registered Manager/Health Care Manager will follow up with the service user or staff member as required.

During the inspection the process for addressing competency issues with staff was discussed with the Health Care Manager. In the event of concerns relating to a staff member the registered manager/health care manager will initially address the concerns with the individual and whilst the process is ongoing the staff member would not be provided to work. Identified competency issues often resulted in further training for the nurses concerned and this was evident in the records viewed.

Records are maintained in the agency of all training completed by agency staff and detailed the relevant information as specified in the minimum standards. Training records for six staff were randomly selected and confirmed that staff were in receipt of the necessary mandatory training and the records also provided evidence of other training obtained.

The deployment of nurses from outside Northern Ireland was discussed with the Health Care Manager. We were informed that the agency had deployed two nurses from Scotland to fulfil block bookings. The record pertaining to one nurse was reviewed. This nurse had been employed with the agency for some years and had been working in Northern Ireland since 2014. It was noted that the nurse's identification was confirmed and a relevant Access NI check had been completed and was up to date. Evidence of the arrangements to confirm that the nurse was on the relevant part of the NMC register were in place, records detailed the date the check was completed and the expiry date of the nurse's registration. It was noted that the nurse's application form related to Scotland and only requested information on the past ten years of employment and not the full employment history required in Northern Ireland. Therefore, it was difficult to ascertain if there were any gaps in employment. There was no information whether the nurse held any additional employment other than for the purposes of the agency. A requirement is made in this regard.

The Health Care Manager reported that structured induction is completed for all nurses who are placed from outside Northern Ireland and if the nurse is required for night duty they must completed orientation into the home on a day shift. There was no evidence that the identified nurse had completed an updated induction for working in Northern Ireland and this should be addressed.

The files of three nurses employed for Northern Ireland were examined; each file showed the complete employment history and contained the information required by regulations. It was good to note that the agency had started obtaining three references and we were informed this was an additional check undertaken as sometimes previous employers would only confirm that the nurse had been employed by them and provide the dates of that employment. There was evidence that references are checked upon receipt and any contact with the referee, for example, to verify references are retained on the nurses' files.

## Is Care Compassionate?

A service user guide is provided to those services who avail of the services of the agency. The guide presented for inspection contained the arrangements for obtaining the views of patients and people who use the services. It also included the results of service user satisfaction surveys and other relevant information.

In addition, the Health Care Manager reported on the arrangements in place to ensure there is always assistance available in the event of any concern or issue arising. The agency operates a duty desk that is available over the 24 hour period; this is staffed by experienced, qualified nurse operators, who can provide support or answer queries in the absence of the Registered Manager.

## Areas for Improvement

The areas for improvement identified within this theme are in relation to the deployment of nurses from outside Northern Ireland and the induction of these nurses. The responsible person must ensure that nurses who are placed in Northern Ireland meet the requirement of Regulation 12 (1) Schedule 3 of The Nursing Agencies Regulations (Northern Ireland) 2005. Documentation must be up to date and detail the full employment history along with details of any current employment other than for the purposes of the agency. Records must be maintained of the induction nurses receive prior to placement in Northern Ireland.

Number of Requirements	1	Number Recommendations:	1
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## 8.3 Theme 2: Vulnerable adults and children are protected from abuse.

### Is Care Safe?

The agency policy for protecting vulnerable adults and safeguarding children and young people was examined. The policy was dated 12 May 2015 and reflected current legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Board and the relevant HSC Trusts. Some minor amendments were suggested.

The section on “reporting of abuse” should be further developed to include the responsibility of an agency nurse to report any concerns directly to the person in charge within the placement as well as to their line-manager in the agency. In addition, the information contained in section 5.9.1 of the policy “Writing a Report” should be reviewed as aspects of the requested information are more relevant to an investigation. Writing a report on any incident or concern about abuse should include the date and time that the agency nurse was made aware of the concerns, the parties who were involved, and any action taken. The record should be clear, factual, and must be signed and dated by the agency nurse.

The hand-book provided to each nurse contains information on the action a nurse should take in the event of suspected, alleged or actual incidents of abuse being identified. The hand-book should be updated to ensure that nurses employed by the agency are fully familiar with the reporting arrangement as detailed in the above paragraph.

There is a written policy on “Whistle Blowing” and procedures that identify to whom staff should report concerns about poor practice.

Since the last inspection the RQIA had received notifications of three incidents that had been reported in accordance with safeguarding vulnerable adult procedures and these were discussed with the Health Care Manager. The incidents had all been appropriately reported and there was evidence that the agency had co-operated with the local trust procedures. Records were found to be maintained of all such incidents and the action taken to date. Two safeguarding vulnerable adult investigations were ongoing. It was agreed that RQIA would be notified of the outcomes of the investigations when completed.

### **Is Care Effective?**

During the inspection we were told of the safeguards the agency has in place to ensure vulnerable adults, children and young people are protected from abuse. These included the arrangements and audits undertaken to ensure robust recruitment processes were implemented.

The Health Care Manager reported that she was confident that prior to placement, agency nurses were provided with the relevant information to ensure they took appropriate action in the event of either a suspicion of or actual abuse. The Health Care Manager was confident with her role and responsibility regarding any investigation in the event of an allegation of abuse being made and expressed that they had developed good working relationships with all the Health and Social Care Trusts.

### **Is Care Compassionate?**

Qualified registered nurses are fully involved in the recruitment process and they ensure the skills and competency of nurses match the requirements of the placement.

Nurses employed by the agency complete an induction that includes training in the protection of vulnerable adults and safeguarding children and young people from abuse. Refresher training is provided for nurses on an annual basis.

Discussion with the registered manager, review of training materials and the training records of six nurses demonstrated that the agency promotes the core values of care and takes account of the minimum standards and regulations.

### **Areas for Improvement**

We identified two areas for improvement which were identified during the inspection of this theme, regarding the development of the policy on protecting and safeguarding vulnerable adults.

The section in the policy on reporting of abuse should be reviewed and detail the responsibility of an agency nurse to report any concerns directly to the person in charge within the placement as well as to their line-manager in the agency. In addition, the information contained in section 5.9.1 "Writing a Report" should be reviewed as aspects of the requested information are more relevant to an investigation. A record should be made of the date and time that the agency nurse was made aware of the concerns, the parties who were involved, and any action taken, for example, if first aid was administered. The record should be clear, factual, and be signed and dated by the agency nurse.

Number of Requirements	0	Number Recommendations:	1
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## 9. Additional Areas

### Incidents

In accordance with Regulation 13 of the Nursing Agencies Regulations (Northern Ireland) 2005 only those incidents that occur within the private residence of a service user or patient, and have been reported to the police, need to be notified to the RQIA.

A review of accidents and incidents reported to RQIA was undertaken prior to the inspection and it was noted there had been two accidents and four incidents submitted to RQIA that involved nurses supplied to nursing homes or hospital settings. Only one of these incidents had been reportable to the police. During the inspection all incidents were discussed with the Health Care Manager and the action taken to date by the agency. Two of the incidents are subject to safeguarding procedures and as previously stated, the agency temporarily suspend the nurse during any investigation. The outcomes of the investigations, as requested, in the main body of the report should be forwarded to RQIA.

### Areas for Improvement

One area for improvement was identified regarding a request to submit the outcomes of investigations to RQIA.

Number of Requirements	0	Number Recommendations:	1
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## 10. Quality Improvement Plan

The issues identified during this inspection are detailed in the Quality Improvement Plan. Details of this Quality Improvement Plan were discussed with Mary Bailie as part of the inspection process. The timescales commence from the date of inspection.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. 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.

### 10.1 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 (Northern Ireland) 2005.

## 10.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Nursing Agencies Minimum Standards (2008). They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

## 10.3 Actions Taken by the Registered Manager/Responsible Person

The Quality Improvement Plan will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The responsible person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) to be assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<p>Requirement 1</p> <p><b>Ref:</b> Regulation 12 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 November 2015</p>	<p>The responsible person must ensure that documentation relating to nurses who are deployed in Northern Ireland is up to date and details the full employment history along with details of any current employment other than for the purposes of the agency.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> I can confirm that with immediate effect any nurses from other parts of the uk who are confirmed to work in Northern Ireland are required to provide a full work history from leaving full time education. This information will be recorded on their file.</p>

### Recommendations

<p>Recommendation 1</p> <p><b>Ref:</b> Standard 6.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 November 2015</p>	<p>The registered person must ensure that records are maintained of the induction nurses receive prior to placement in Northern Ireland.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> I can confirm that all of our nurses complete induction prior to commencing work regardless of which office they register with. In addition to this, further information is provided to the nurse as an induction to work Northern Ireland. I have attached a copy for your reference.</p>
<p>Recommendation 2</p> <p><b>Ref:</b> Standard 9.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 November 2015</p>	<p>The registered person must confirm that the section in the policy of safeguarding vulnerable adults on the reporting of abuse has been reviewed. This section should detail the responsibility of an agency nurse to report any concerns directly to the person in charge within the placement as well as to their line-manager in the agency.</p>
	<p>The information contained in section 5.9.1 "Writing a Report" should be reviewed to ensure factual information is recorded regarding any concerns reported or identified to the agency nurse.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> I can confirm that the 'Safeguarding vulnerable adults' policy has been updated as recommended above. I have attached a copy for your reference.</p>

<b>Recommendation 3</b> <b>Ref:</b> Standard 9.7 <b>Stated:</b> First time <b>To be Completed by:</b> On receipt of the outcomes.	The registered manager should submit the outcomes of the current safeguarding investigations to the RQIA.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> I can confirm that when we have an outcome on the current ,ongoing safeguarding investigations the RQIA will be immediately notified.		
<b>Registered Manager Completing QIP</b>	Sara James	<b>Date Completed</b>	3/11/15
<b>Registered Person Approving QIP</b>	Sara James	<b>Date Approved</b>	3/11/15
<b>RQIA Inspector Assessing Response</b>	Maire Marley	<b>Date Approved</b>	4/11/15

*\*Please ensure the document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**