

# Unannounced Care Inspection Report 22 September 2017



## The Scottish Nursing Guild

Type of service: Nursing Agency

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Inspector: Priscilla Clayton

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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**

This is a nursing agency which supplies nurses to a range of healthcare settings throughout the province.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> The Scottish Nursing Agency / Sarah Llian James.	<b>Registered Manager:</b> Mary Bailie
<b>Person in charge at the time of inspection:</b> Mary Bailie <del>registered manager.</del>	<b>Date manager registered:</b> 31/05/ 2017

### 4.0 Inspection summary

An unannounced inspection took place on 22 September 2017 from 10.05 to 14.25 hours.

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

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

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

No requirements or recommendations were made following this inspection. This is to be commended.

The inspector wishes to thank the registered manager and administrative staff on their warm welcome, co-operation and assistance throughout this inspection.

### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with Mary Bailie, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 November 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:

- Inspection report and QIP dated 16 November 2016
- Incident Notifications
- Correspondence

During the inspection, the inspector met with the registered manager and one administrative staff member.

The following records were examined during the inspection:

- RQIA Registration Certificate
- Indemnity Insurance
- Statement of Purpose
- Service User Guide
- Staff recruitment and selection
- Staff Handbook
- Staff Induction programme
- Staff training
- Staff supervision
- Accidents / Incidents
- Complaints
- NMC Registrations
- Staff skill / experience matching
- Audit report

Ten staff satisfaction questionnaires were provided for distribution, completion and return to RQIA within the timescale.

One area for improvement identified at the last care inspection was reviewed and the assessment of compliance was recorded as met.

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 16 November 2016

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

The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 16 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Nursing Agencies Minimum Standards, 2008		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 9.1  <b>Stated:</b> First time	The registered provider should ensure that the Adult Safeguarding Policy dated 28 April 2015 is reviewed and revised to ensure that information is in keeping with the new DOH regional guidelines entitled "Adult Safeguarding Prevention and Protection in Partnership". The identified named "Champion" for adult protection should be included.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed the Adult Safeguarding policy had been reviewed and revised as recommended.	

## 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 registered manager advised that all new staff undertook a structured induction programme. Records of programmes reviewed established that staff induction, including required mandatory training, was provided and signed. Only a 100% achievement level is acceptable by the agency.

The registered manager advised that all staff selection and recruitment records were retained within the head office of the agency and that all new staff were recruited and selected in accordance with statutory employment legislation and minimum standards. Pre-employment checks were undertaken prior to commencement of employing new staff. Checks were retained electronically and reviewed on an annual basis by the registered manager.

Audits of staff employment records were compiled into an annual report. The audit criteria related to all areas of screening and compliance checks carried out during initial recruitment of nurses and the maintenance of file compliance. Scoring within the current report was noted to be "diamond" reflecting positive responses.

The placement of staff within commissioned by service users was discussed with the manager who advised that this procedure included the matching of staff qualifications, skills and experience with the requirements of the placement. Only staff that are deemed to be competent and capable would be provided. Review of the matching electronic data held and discussion with the administrator established that the procedure in place was effective in the identification of matching staff to each placement.

The provision of staff supervision was discussed with the registered manager advised that short term placements of nurses were provided to service users and that the staff employed had other permanent placements where clinical staff supervision was provided.

Staff mandatory training was discussed with the registered manager who advised that training was provided as required. Review of electronic records evidenced training provided alongside dates. Monitoring of training is carried out using the traffic light electronic system in place which reflected the named nurse, when training is completed and next due date. The registered manager explained that staff who do not undertake training are not permitted to work for the agency.

Staff training in adult safeguarding was being provided as required. Attendance was reflected within data retained.

The registered manager explained that she was the identified safeguarding Champion for the agency and that training in this role and associated responsibilities had been provided. The registered manager demonstrated good understanding of her role in this regard.

The agency's policy on Adult Safeguarding, dated December 2016 was reviewed and discussed with the registered manager. Written procedures for reporting such incidents was presented in flow chart format which reflected the measures in place to ensure reported incidents are managed and promptly reported to the registered manager and where required, to the safeguarding team during the 24 hour period.

Notifications of accidents/incidents reported to RQIA were discussed with the registered manager who explained the measures in place to minimise recurrence which included liaison with the service user and provision of supervision and further training for staff if necessary. For example medication updates training. The registered manager advised that she was closely monitoring the number, trends and patterns of reported maladministration of medications with action taken as required. For example; additional training, ongoing one to one supervision meeting with staff. The agency had a policy on the administration of medications. The registered manager advised that all staff had received a copy of this policy.

The registered manager explained the procedure for monitoring the performance of staff within placements and how service users' views were sought. Placement time sheets are completed by the service user following each nurse span of duty. Comments made are noted by the registered manager. The registered manager advised that unsatisfactory performance would be identified and necessary action taken to address issues.

The agency's registered premises included a large open style administration office which included a staff interview/staff meeting room. All areas were noted to be recently redecorated with provision made for an additional office for staff meetings / interviews.

## Areas of good practice

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

## 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.**

Records required under The Quality Improvement and Regulation (Northern Ireland) Order 2003 and the Nursing Agencies Regulations (Northern Ireland) 2005 were available for inspection. These were in the main, held electronically and were available to the inspector.

The Data Protection policy in place reflected procedures for the creation, storage, retention and disposal of records. Records reviewed during the inspection were observed to be in accordance with good practice and maintained in accordance with legislative requirements.

Review and discussion with the registered manager on the agency's Statement of Purpose and Service User Guide identified compliance with legislative requirements and Nursing Agencies Minimum Standards.

There was evidence of effective communication between service users and agency staff within records examined. Records of all agency contacts with service users were recorded, dated and retained electronically.

The registered manager explained the governance arrangements in regard to continuous quality improvement. Monthly satisfaction surveys were conducted with a random of five/six service users randomly selected. Records of surveys conducted were retained with reports compiled by the agency's governance team. In addition to surveys, meetings with service users are also held. Responses received from service users during 2017 were positive.

The registered provider monitors the quality of the service provided on a monthly basis and completes an electronic record. Monthly webinar meetings are held each month with the registered manager and the chief nursing officer to discuss the monthly performance of the agency. Electronic notes on meetings held were viewed by the inspector.

The registered manager explained that audits are also conducted on accidents/incidents, staff files, complaints and safeguarding. Records of audits undertaken were compiled by the agency governance team. Electronic reports were available for inspection.

The registered manager explained that she operated an “open door” approach to all staff, providers and other stakeholders.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff.

**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.**

The registered manager described the culture/ethos of the agency as set out within the agency’s Statement of Purpose, Service User Guide and hand books issued to nursing staff.

The agency had policies and procedures on Confidentiality (2016) and the Duty of Candour. The registered manager explained that all the agency nursing staff has a duty of care to being open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. Agency staff were provided with copies of the procedures.

The registered manager explained that meetings were held with staff to provide opportunity to report and issues or concerns they may have regarding a placement.

The registered manager explained how she operated an “open door” to staff and that support and guidance would always be provided when required. For example; staff support has been ongoing in regard to the Nursing and Midwifery Council (NMC) revalidation or any issues staff may have in regard to their work. Records of re-registration dates with NMC were retained in matrix format and monitored by administrative staff using an effective electronic tracking system.

The registered manager explained the procedure for seeking the views of service users. Reference in this regard is cited within section 6.5 of this report. The agency publishes the findings in respect of service users views within their internal newsletter and through social media.

**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 registered manager advised that the agency delivers services effectively and that there were good professional relationships within the staff team and service users in accordance with legislative requirements and Minimum Standards for Nursing Agencies.

The agency's RQIA registration certificate and current liability insurance were displayed within a prominent position.

The registered manager advised that she continues to be registered NMC.

The registered manager explained that the agency does not provide private nursing care within a patient's home.

The agency's organisational structure identifies the lines of accountability and the roles and responsibilities of agency staff. This information was also reflected within the Statement of Purpose, Service User Guide and staff handbook.

The agency's governance arrangements reviewed established that the systems and processes in place were suitable in meeting the needs of service users and assurance that the service was well led.

The agency had policies and procedures in place which direct the quality of services provided by the agency. Policies/procedures were readily available, centrally indexed and compiled into a policy file. Policies and procedures were ratified and signed by the registered manager, with review dates recorded. Electronic versions of policies and procedures were also available for inspection and to agency staff.

The review of a number of policies and procedures relevant to this inspection were observed to be reviewed on a regular basis. The registered manager advised that agency staff were issued with policies electronically.

The agency's complaint policy and procedure detailed information in accordance with DOH complaints procedure. The arrangements for dealing with complaints were reflected within the Statement of Purpose and Service User Guide. Records examined evidenced that no complaints had been received during the period 01 March 2016 to date.

The agency had an incident policy and retained records of all accidents and incidents. Notifications of incidents were submitted to RQIA as recommended within Minimum Standard 1.14. Review of accidents recorded since the previous inspection and discussion with the registered manager evidenced that these were appropriately managed. The registered manager explained that additional training in medication administration was provided. A 100% achievement must be obtained before medicines can be administered by agency staff.

The registered manager explained that regular monthly audits were conducted by the agency's governance officer. Trends and patterns emerging were subsequently discussed at monthly monitoring meetings held on behalf of the registered provider alongside measures in place to minimise recurrence.

The registered manager advised that close contact is maintained with agency nurses with notes retained of all contacts made. Staff employed were in the main employed on a part time basis with other trust or statutory providers where regular supervision is provided.

The registered manager had arrangements in place for dealing with alert letters, managing identified lack of staff competence, poor performance and reporting in line with guidelines by DOH and NMC.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents and incidents, staff training, good communication, 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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