

Unannounced Care Inspection Report 20 September 2017



Rutledge Recruitment & Training

Type of service: Nursing Agency
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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

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

3.0 Service details

Registered organisation/registered person: Rutledge Recruitment and Training /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

4.0 Inspection summary

An unannounced inspection took place on 20 September 2017 from 09.50 to 14.30 hours.

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

Evidence of good practice was found in relation to the overall governance arrangements. A good standard of record keeping was observed. Records in regard to staff recruitment / selection, staff training, supervision / appraisal were in place. Effective modes of communication with staff, service providers and other stakeholders were in place. Current policies and procedures were readily available. Records of incidents were retained with audits conducted and where required, notifications forwarded to RQIA.

Two staff questionnaires were completed and returned to RQIA following the inspection. Both respondents indicated they were satisfied that the service was safe, effective, compassionate and well led.

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

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 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.

4.2 Action/enforcement taken following the most recent care inspection dated 26 September 2016

No further actions were required to be taken following the most recent inspection on 26 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:

- RQIA inspection report dated 26 September 2016
- Records of notifiable events submitted to RQIA
- Written and verbal communication received since the previous inspection.

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

The following records were examined during the inspection:

- RQIA registration certificate
- Indemnity Insurance
- Statement of Purpose
- Service user Guide
- Four staff recruitment and selection records
- Staff Induction programmes
- Staff training
- Supervision / appraisal
- Matching skills and experience
- NMC /NISCC status records
- Range of policies and procedures pertaining to this inspection
- Incident records
- Complaints / complements.

Ten staff satisfaction questionnaires were provided for distribution to staff. Completed questionnaires were requested to be returned to RQIA within two weeks from the inspection date. Two were completed and returned within the timescale. Both respondents indicated satisfaction within the four domains; safe, effective, compassionate and well led care.

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 26 September 2016

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

6.2 Inspection findings

6.3 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 and selection of staff policy was reviewed and discussed with the registered manager. The policy / procedures and staff records retained were observed to be in keeping with legislative requirements and Department of Health (DOH) Nursing Agencies Minimum Standards. The registered manager undertakes and records pre-employment checks which were observed to be retained within staff files examined.

Records of all documentation relating to the recruitment process were being retained in compliance with the principles of the Data Protection Act 1998, and with Access NI's Code of Practice.

The registered manager explained the procedure for checking staff registrations with the Nursing and Midwifery Council (NMC). This included an electronic tracking system which is closely monitored by the agency administrator.

The registered manager advised that all newly appointed staff is required to provide evidence of training most recently undertaken that fulfils mandatory training requirements.

The registered manager described the procedure in place for matching appropriately skilled and experience of staff to the commissioned placement. This was documented 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 provision of staff training was discussed with the registered manager who explained that mandatory training was provided and in addition other training relevant to the nurse placement. Records of mandatory training were retained in hard copy format and electronically in matrix format for ease of tracking. In addition to mandatory training, the agency retains recorded evidence of professional development and practice experience relevant to the staff areas of nursing practice. The registered manager advised that training in challenging behaviour (which would include restrictive practice) was scheduled to take place on 09 October 2017.

Staff records reviewed contained structured induction programmes and evidence of training provided.

The provision of staff supervision was discussed with the registered manager who explained that group supervision was provided on a six monthly basis or if necessary, more frequently. Records of supervisions held were retained within staff files examined. The agency’s supervision and appraisal policy reflected timescales for staff supervision and appraisal.

The registered manager advised that nurses were also provided with local clinical supervision within their designated placement of work when long periods of placement took place.

The registered manager explained that each member of staff is issued with a staff handbook that details information including, for example, the organisational structure; adult safeguarding; complaints and whistleblowing.

Staff training records were examined and discussion with the registered manager identified that all staff had received adult safeguarding training. This training was also provided to administrative staff. Data of all mandatory and other professional development training was retained electronically in matrix format.

Policies and procedures on adult safeguarding, dated 16 June 2017, were noted to be in accordance with DOH policy titled Adult Safeguarding Prevention and Protection in Partnership (July 2015). The registered manager advised that she had received training in the adult safeguarding champion’s role and function and was the identified champion for the nursing agency.

The registered manager explained the procedures in place for monitoring staff performance which included provider satisfaction questionnaires; and direct telephone feedback. In addition unannounced visits by the registered manager to the provider are planned.

The agency’s registered facility was observed to be well maintained and suitable for the purposes of the agency as set out in the Statement of Purpose.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision / appraisal, adult safeguarding and written and verbal communication with commissioners of the service.

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.

Records required under the DOH Quality Improvement and Regulation (NI) Order 2003 and Regulations 2005 were available in the agency for inspection.

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.

The agency's Statement of Purpose and Service User Guide reviewed reflected appropriate references to the nature and range of the service provided.

The registered manager explained that no private domiciliary nursing care is provided within a patient's home.

The registered manager explained the governance arrangements in regard to continuous quality improvement. The agency had systems in place to record, monitor and retains service user comments regarding the quality of care provided by the agency. Methods identified included service user questionnaires and telephone contact surveys.

Analysis of the responses received from respondents in the satisfaction and telephone surveys were compiled within a report. It was noted that responses were positive.

The registered provider monitors the quality of the service and completes a monitoring report on a monthly basis.

The registered manager explained that audits are also conducted on accidents / incidents, staff files, supervision and training. When necessary, action is taken to address non-compliance. Records of audits were available for inspection.

There was evidence of effective communication between service users and agency staff within records examined. Records of all agency contacts with service users through monitoring of staff performance were retained.

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
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.

Discussions with the registered manager and review of records retained reflected that the agency promoted a culture/ethos of core values of rights.

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. Electronic versions were also available. cursory view of policies held was evidenced that these 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.

A current policy on “Confidentiality” was available. The registered manager explained that this was readily available to staff through electronic access.

The “Whistle Blowing” policy, dated 07/10/15, which was available to staff reflected their responsibility in reporting concerns or issues of poor practice and the role of RQIA in this regard.

The registered manager explained that agency staff have direct access to her or the registered provider to report any concerns they may have in regard to a placement. 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. Responses reflected within survey reports for 2016 were noted to be positive.

The agency had arrangements in place to monitor the performance of nursing staff through supervisions, appraisal, training and competency/ capability assessments which are completed electronically.

Mandatory staff training and other professional development training provided was held in hard copy format and within the electronic system. The administrator explained the traffic light system used to highlight dates when training was due.

The registered manager advised that the placement of a nurse would not be provided unless all mandatory training was successfully completed. Staff are reminded of training dates by the administrator, with a record retained for monitoring purposes.

Staff guidance in regard to revalidation was discussed with the registered manager who explained that she supported staff in this regard. A sample file containing necessary documentation was available for staff. Confirmations of revalidations were retained on file. Complementary correspondence from a staff member to the registered manager was held within the revalidation files reviewed. This reflected the invaluable support, time and guidance given by the registered manager to one staff member.

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 staff, service users and other stakeholders.

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

The registered manager retains her registration with the Nursing and Midwifery Council.

The agency's governance arrangements were reviewed and 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 has policies and procedures in place which direct the quality of services provided by the agency. Policies / procedures were readily available, were centrally indexed and compiled into a policy file. Policies and procedures were ratified and signed by the registered manager, with review dates recorded.

The review of a number of policies and procedures established that policies were reviewed on a regular basis. Staff had electronic access to policies and procedures which were also available in hard copy format within the agency's office.

The agency's complaint policy and procedure detailed information in accordance with DOH complaints procedure. The arrangement for dealing with complaints was reflected within the agency's Statement of Purpose and Service User Guide. Records examined evidenced that no complaints had been received from 01 March 2016 to 20 September 2017.

The agency had an incident policy and retained records of accidents / incidents. Notifications of accidents were notified to RQIA as recommended within standard 1.14. Accidents recorded since the previous inspection and discussion with the registered manager evidenced that these were appropriately managed. 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.

The registered manager advised that group supervision was provided with records retained within staff files.

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

The agency's electronic system for the recording of staff training was viewed and discussed with the registered manager and administrator who inputs this data into the system. Mandatory training was being provided with additional training scheduled for 09 October 2017.

The agency's organisational structure identifies the lines of accountability and the roles and responsibilities of staff. This information was reflected within the staff handbook provided to staff and within the agency's Statement of Purpose.

Areas of good practice

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

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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



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