Care service inspection report

Quality Care Resources Ltd
Nurse Agency
Madelvic House
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Edinburgh
EH5 1HS
Telephone: 0131 552 2271

Inspected by: Janet Smith
Donald Preston
Type of inspection: Unannounced
Inspection completed on: 16 May 2011
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Service provided by:
Quality Care Resources Ltd

Service provider number:
SP2010010843

Care service number:
CS2010239038

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

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What the service does well

The service has pleasant office accommodation. Files are stored securely. Computerised lists are maintained of staff recruited to the service and clients who purchase the service.

What the service could do better

The service must review the management system and ensure that safe recruitment is implemented.
The system for gaining views of people on the quality of the service and how this could be improved should be reviewed. Information provided to service users should be improved to give them sufficient details to assist them decide whether to use the service.

What the service has done since the last inspection

This is the first inspection of this service since it was registered on 25 January 2011.

Conclusion

The provider recognised that there was work to do to establish and progress the service. They showed a commitment to working with SCSWIS to make improvements.
Who did this inspection
Janet Smith
Donald Preston
Lay assessor:
1 About the service we inspected

Quality Care Resources was registered on 1 April 2011 with Social Care and Social Work Improvement Scotland (SCSWIS) to provide a nurse agency. The office base is in an accessible part of Edinburgh which can be reached by public transport. The service uses their website which gives details about the services they offer and how to make contact. The service stated that it aimed to: “provide excellent quality care and support services in client’s homes, care homes and/or hospitals. The service is adaptable and sensitive to the needs of individuals, and will encourage people to make the most of their lives, offering choices and opportunities for ordinary living. We will work in a collaborative way with other agencies to improve the range and quality of services for people with care and support needs”.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Information - Grade 3 - Adequate
Quality of Care and Support - Grade 2 - Weak
Quality of Staffing - Grade 1 - Unsatisfactory
Quality of Management and Leadership - Grade 2 - Weak

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.
2 How we inspected this service

The level of inspection we carried out
In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection
We wrote this report after an unannounced inspection visit that took place on 3 May 2011 and subsequent visit of 5 May 2011. The inspection was carried out by Social Care and Social Work Improvement Scotland (SCSWIS) inspectors Janet Smith and Donald Preston. Feedback was given to the provider on 16 May 2011. At this inspection we gathered evidence from various sources, including the following:
- Information on the website of the provider
- The list of staff recruited to the service (Registered Nurses - RN and carers)
- Rotas/placements for the period 28 March to 8 May 2011
- Invited to interviews for three people
- The service newsletter
- Feedback information from purchasers of the service
- Staff recruitment files for all RNs
- Staff induction and training plan and files
- Brochure/agreements
- Policies on confidentiality/medication management.

We spoke with the provider of the service.

Grading the service against quality themes and statements
We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)
In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.
Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services’ responsibilities for fire safety at www.firelawscotland.org
What the service has done to meet any recommendations we made at our last inspection
This is the first inspection of this service and no recommendations have been made since registration.

The annual return
Every year all care services must complete an ‘annual return’ form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.
Annual Return Received: No

Comments on Self Assessment
Every year all care services must complete a ‘self assessment’ form telling us how their service is performing. We check to make sure this assessment is accurate. This was not completed as the service was registered in January 2011.

Taking the views of people using the care service into account
We looked at feedback in staff files and found that a few services were able to supply information to the service. We did not contact people to gain their views.

Taking carers' views into account
We did not speak with carers at this inspection.
3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 0: Quality of Information

Overall grade awarded for this theme: 2 - Weak

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the information provided by the service.

Service strengths

The provider stated that contact was made with the service user (the service user is generally care homes) to find out their views on the registered nurses who had been placed. The provider stated that the information was kept in staff files and that the information was to be used to highlight gaps in training for the individual staff member.

The service provided information through it’s website and stated that they sent a leaflet, complaint information and a price list to clients when contact was made.

Further details can be seen in Quality Theme 1, Statement 1 of this report. We looked at eight staff files. Three contained feedback from service users. The provider stated that this reflected the numbers of RNs placed.

Areas for improvement

The service did not have a complaint log in place. Complaints and concerns made to the service are a useful method of highlighting gaps in the service and identifying where improvements can be made. Further details can be seen in Quality Theme 1, Statement 1 of this report.

We have assessed that the current methods used to assist service users participate in assessing and improving the quality of the information provided by the service needed to be improved. (Recommendation 1)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should review the information used to gain views of people using the service and implement this for all placements.
Statement 2
We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Service strengths
The service had a range of policies and procedures in place. These were accessible to staff and service users. The provider supplied information on the service offered to service users.

Prospective service users could access information about the agency through the company website. This included; an overview of Quality Care Resources, the contact details, the mission statement of the agency and the training undertaken by staff. The agency provided service users with an information leaflet at the first point of contact. Additionally, a price list was sent.

A newsletter was planned to be sent out quarterly to all service users. This gave information on the development of the service.

At this stage the service is small. The managers had knowledge of the services that used the agency. They also had a good knowledge of the staff member’s ability and whether they would meet what would be asked in a particular service. They got to know both staff and services very well and often requests would be made for the same staff member to return.

Areas for improvement
We have stated in Quality Theme 1, Statement 1 of this report that information about the service needed to be improved. To take account of this statement this should include advising people about what would happen in the event that the service closed and how people could raise concerns or complaints.

The provider discussed the process of allocating staff to services. Whilst we acknowledged what was said about this in the strengths of this statement, there appeared to be little information given about the staff member or any written assessment about their ability to carry out their role in any particular care setting. The emphasis appeared to relate to the availability of any staff member without considering the type of placement being covered. We have assessed that when the service expands, there needs to be consideration of how the provider is going to achieve this. This is discussed in Quality Theme 3, Statement 3 of this report where a requirement has been made about staffing.

We have made a recommendation about providing service users with information to help them make decisions on using the service. (Recommendation 1).
Grade awarded for this statement:  3 - Adequate
Number of requirements:  0
Number of recommendations:  1

Recommendations
1. The service should review the information that it gives to prospective service users to help them make an informed decision about using the service.
   National Care Standards, Nurse Agency, Standard 1, Information about the Nurse Agency.

Statement 4
We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.

Service strengths
The service had a confidentiality policy in place and a policy on the security of records. The office was locked and access through a call system. Files were stored in locked cabinets.
Records were computerised and information was accessed by the provider and managers of the service.
Staff induction gave people an introduction to the organisation policies and procedures. This would be beneficial in highlighting the importance of confidentiality and information sharing to staff.

Areas for improvement
We have stated in Quality Theme 3, Statement 3 of this report that RNs had no induction training and a requirement was made about this. This has impacted on the grade for this statement.

Grade awarded for this statement:  3 - Adequate
Number of requirements:  0
Number of recommendations:  0
Quality Theme 1: Quality of Care and Support
Overall grade awarded for this theme: 2 - Weak

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths
As stated in previous Quality Statements of this report, the service provided information through its website. This detailed the service provided, the training staff were given and gave reassurance that the service was coordinated by a registered nurse who "oversees its administration, ensuring that the needs of our patients and professional standards remain at the heart of our service delivery". The provider stated that he sent a leaflet, complaint information and a price list to clients when contact was made.
The provider sent information to relevant people when the service moved to new premises and updated contact details.

Areas for improvement
The leaflet and website did not give guidance on how people could raise concerns or make complaints. Additionally, the service had received a complaint and the provider was unable to provide the inspectors with information on this. A complaint log was discussed and put in place during the inspection.
We did not see information which would inform people of the steps that would be taken in the event that the nurse agency closed. This was discussed with the provider and we have made a recommendation about giving information to service users in Quality Statement 0.2 of this report.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0
Number of recommendations: 0
Statement 3
We ensure our service provides care staff who are most suitable to meet individual service user needs. The care and treatment received by the individual service user, is supported by evidence based practice and up to date policies and procedures. These reflect current legislation (where appropriate Scottish legislation).

Service strengths
The provider checked the current status of Registered Nurses (RN) in the service with the Nursing and Midwifery Council. Following concerns raised about the standard of staff practice of two individuals placed, the provider did not use them as RNs and opted to employ them as care assistants.

The service is small at the moment and there is a good knowledge of the staff being deployed to particular areas. This is further discussed in Quality Theme 1, Statement 2 of this report.

Areas for improvement
There was no documentary system in place to show that there was a process of assessment of the expertise or knowledge base of staff. This is further discussed in Quality Theme 1, Statement 2 of this report.

We asked the provider to explain the current system of managing the service as we were aware that one manager had left the service on 31 March 2011 and that the post had not been filled. Interviews for the position were being held in May 2011 where they hoped to appoint an appropriately skilled person. The manager who was responsible for the placement of RNs was unavailable for part of the week due to other commitments. This left one of the directors of the company placing staff. This was out with their remit and conditions of registration. It is an important part of providing a nurse agency that the person responsible for placing RNs has the knowledge and expertise to do so. We have made a requirement about the placement of staff in the service. (Requirement 1).

The grade awarded for this statement has impacted on the Quality Theme 4 for management and leadership of the service.
Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that it adheres to the conditions of registration in respect of staff being placed by a Registered Nurse.
   In order to achieve this the provider must forward to SCSWIS details of how staff will be placed and by whom until such time as an appropriately skilled manager is appointed.
   This is to comply with:
   SSI 2011/210 Regulation 7 (1) and 7 (2) (c) and (d) - regulations about the fitness of managers.
   Timescale: For the information to be forwarded by 26 May 2011.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 1 - Unsatisfactory

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

Information in Quality Theme 1, Statement 1 of this report is relevant to this statement.

We have identified in other statements of this report that feedback on the quality of the service was given for some placements. This was a useful method to ensure that people could participate in assessing and improving the quality of staffing in the service.
Areas for improvement
Information in Quality Theme 1, Statement 1 of this report is relevant to this statement.

Grade awarded for this statement: 3 - Adequate
Number of requirements: 0
Number of recommendations: 0

Statement 2
We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Service strengths
The service had a recruitment policy. This was comprehensive and included information on equal opportunities, job descriptions/person specifications and the process for obtaining references.
Each member of staff had an individual file. The file contained a contents list and a checklist to follow in the recruitment process.
Applications asked for details of the prospective staff member’s skills and knowledge and experience. Copies of relevant certificates and qualifications were kept in the file. Interview sheets showed that questioning centred on people’s skills and abilities.
Information was given to applicants which told them about the nurse agency and what they could expect whilst employed.
The service had an induction plan that they wished to implement for all staff. They were in discussion with an organisation to arrange this.
The staff availability list highlighted individuals who could not be used for placements until their visas were updated.
Areas for improvement

The recruitment policy needed to be updated to make reference to the 'Protection of Vulnerable Group' legislation.

We looked at eight Registered Nurse files. References provided limited information on the ability and competence of staff in previous jobs. We acknowledged that many of the staff group have worked with the provider in another organisation and transferred to Quality Care Resources. We thought that the establishment of the Nurse Agency was a point at which the provider should have reviewed the recruitment files and checked the competence of the staff group to ensure that individuals had appropriate checks, skills and knowledge to work for the service.

We noted some files did not contain references. Whilst we acknowledge that the provider stated that the forms for obtaining references were under review, we have concluded that this is a significant issue in recruitment and have made a requirement relating to references. (Requirement 1).

There was no evidence in all files that Disclosure Scotland checks had been carried out. Some files had a log sheet to detail any information about disclosures, however these were not completed. We noted two disclosure checks which were dated prior to appointment. One was dated 2005 with employment commencing in 2009. The other was dated 2009 with employment commencing 2010.

It is essential that appropriate checks are made of prospective staff members before they commence employment. We have made a requirement about Disclosure Scotland checks. (Requirement 2).

Some files had records of the status of the RN registration with the Nursing and Midwifery Council. There was no system in place to evidence that the appropriate checks had been carried out by the employer of the professional registers for all staff. (Requirement 2).

We have also concluded that the existing staff group must have checks undertaken before they can be placed in order to assist protect people in their care. (Requirement 3).

Disclosure Scotland records were kept in some individual files. A record was available in the file to record the outcome of the check in order to maintain confidentiality. These were not completed. (Recommendation 1).

The provider stated that RNs had not received induction training to the organisation. A training event was being planned for all RNs. We will monitor the induction training at the next inspection.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 3

Number of recommendations: 1
Requirements

1. The provider must ensure that two suitable references are received prior to the employment of staff members. This is to comply with:
   - SSI 2011/210 Regulation (9) (1) - a regulation to ensure the fitness of employees.
   - Scottish Social Services Council Code of Practice, Employer 1.1.
   Timescale: to commence on receipt of this report.

2. The provider must ensure that appropriate checks are made, prior to employment, to ensure that people entering the workforce will not pose a risk to service users. This is to comply with:
   - SSI 2011/210 Regulation (9) (1) - a regulation to ensure the fitness of employees.
   - Scottish Social Services Council Code of Practice, Employer 1.2 - check criminal records and relevant registers.
   Timescale: to commence on receipt of this report.

3. The provider must review the files of the existing staff group and carry out appropriate checks before they are used in placements.
   This is to comply with:
   - SSI 2011/210 Regulation (9) (1) - a regulation to ensure the fitness of employees.
   Timescale: to commence on receipt of this report and for completion when satisfactory checks have been returned.

Recommendations

1. The provider should keep information on Disclosure Scotland checks taking into account ‘best practice’ and confidentiality.
   National care Standards, Nurse Agency, Standard 4 - Management and Staffing Arrangements
Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 2 - Weak

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths
Information which is relevant to this statement can be found in Quality Theme 1, Statement 1 of this report.

Areas for improvement
Information which is relevant to this statement can be found in Quality Theme 1, Statement 1 of this report.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 4
We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service strengths
Information which is relevant to this statement can be found in Quality Theme 1, Statement 1 of this report.

The provider stated that staff were given the opportunity to contribute at face to face meetings. This would form part of the quality measures in the service.

Areas for improvement
Quality Theme 2, Statement 3 of this report stated that there were a number of issues relating to staff recruitment. This has impacted on the grade awarded for this statement.
Grade awarded for this statement: 2 - Weak
Number of requirements: 0
Number of recommendations: 0
4 Other information

Complaints
No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements
We have taken no enforcement action against this care service since the last inspection.

Additional Information
There was no annual return provided as the service was registered in January 2011.

Action Plan
Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).
5 Summary of grades

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6 Inspection and grading history

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.
To find out more about our inspections and inspection reports
Read our leaflet ‘How we inspect’. You can download it from our website or ask us to
send you a copy by telephoning us on 0845 600 9527.

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