



Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Jane Lewis Health & Social Care - Nurses Agency

Ffordd Richard Davies
St Asaph Business Park
St Asaph
LL17 0LJ

Type of Inspection – Baseline
Date(s) of inspection – 16th June 2014
Date of publication – 18/07/14

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Summary

About the service

Jane Lewis Health and Social Care, nursing agency is based on an industrial estate on the outskirts of St Asaph, with easy access off the A55. The office is modern and is appropriate for carrying on the business. It has been registered since 2002 to provide registered nurses to hospital wards and care homes. Currently, the agency does not provide any private nursing packages directly to a client. The registered provider is Chester Healthcare Ltd and the responsible individual is Nicholas Hodson. The registered manager is Charlotte Popyk who has been registered since 2011.

What type of inspection was carried out?

We Care and Social Services Inspectorate Wales (CSSIW) carried out a baseline inspection on 16th June 2014 between the hours of 9.10 am and 1.30 pm. The inspection looked at the two quality themes of staffing and management and leadership.

Evidence used in writing this report came from the following sources:

- Discussion with the registered manager.
- Examination of three staff files.
- Questionnaires were sent out to staff employed by the agency.

What does the service do well?

The agency office is well organised with good systems in place to ensure the agency runs efficiently.

What has improved since the last inspection?

There were no areas of improvement recommended at the last inspection.

The agency continues to offer a reliable service to care homes in the locality.

What needs to be done to improve the service?

The service is non compliant with Regulation 14.3 this relates to taking adequate steps to address any aspect of a nurse's clinical practice. This is a serious matter and we have issued a non compliance notice to the provider.

Quality of life

This section is not applicable to nursing agencies.

Quality of staffing

Overall services who use the agency can feel confident in the care provision as staff have been through a robust recruitment process to ensure fitness to practice. Induction training is provided and annual refresher of mandatory training is given. Assessing competency and additional training and support in respect of medication requires further development. Currently the agency employs 60 nurses. There are no, one to one, care packages in a clients own home and the majority of services are purchased by the private sector.

People can feel confident in the care they receive because staff are qualified to deliver nursing care. The agency employs qualified nurses. The manager stated that the agency employs a qualified RGN (Registered General Nurse) who is trained in recruitment procedures and has responsibility for the recruitment of nurses. Adverts are posted for positions and a questionnaire, completed over the telephone, short lists candidates. Nurses who have not worked for ten years are exempt. Employment history and recent experience is explored and an application form is forwarded for completion before an interview is offered. Fitness checks include references, a criminal records check (DBS form) and confirming their personal identification number (PIN) are carried out and, if satisfactory, the nurse will be appointed. Staff are then booked onto in house training and complete manual handling, first aid, POVA (protection of vulnerable adults) fire and infection control. A medication competency questionnaire is completed and the basic principles of care discussed.

People using the service can be confident that due care and attention is given to minimum standards and regulations. We viewed three staff files which contained a photograph, CV, proof of identification, confirmation that the PIN remained up to date, medical history, references, training certificates, terms and conditions of employment and performance reviews. We were advised that all disclosure and barring forms are kept separately to the main personnel file, as is required. A monthly check of the nurses PIN is carried out to ensure they remain on the nursing register.

People can feel confident in the care they receive because staff are competent in meeting needs. The agency provides annual refresher training for its staff and advise staff of any specialised courses that become available however, the nurse also has a responsibility to ensure they remain up to date and competent. The personnel files confirmed each nurse to be competent and up to date with the required Cardio Pulmonary Resuscitation (CPR). However, an increase in Regulation 26 notifications received at the regional office of CSSIW, relating to medication errors, suggests that competency in this area requires development. This is a serious matter and a non-compliance notice has been issued.

Quality of leadership and management

Overall people using the services can be confident that they are safe as the agency is well run. Administration systems are well organised and required records are well maintained.

People receive effective support from a service which can meet their needs. When the agency receives a new enquiry the manager visits the setting to ascertain if the agency is able to provide staff to meet its needs. She will carry out an assessment and following this, makes determined efforts to match the needs of the service with the staff they employ. Although, the agency covers a wide geographical area a decision is made as to the financial viability of providing cover if a great distance is involved.

People using the service are clear about what it provides. The agency has developed a handover form for its staff which provides guidance on the areas that they should be aware of when covering a shift at a service. The agency's computer database provides details of each nurse's qualification. The system ensures that the agency is able to supply the most appropriately qualified nurse to the service. The agency will advise the service if they do not have an appropriately qualified nurse to cover a shift. Staff sign a terms and conditions of employment and are offered up to 48 hours work a week. Some of the nurses may have additional work in a hospital or care home but as there is limited competition in the area they are usually employed by only this nursing agency. There is no rigorous system to ensure nurses are not working excessive hours, the agency is reliant on the nurse to be open and transparent regarding other places of work. However, the computer system does record the number of hours worked at the agency and the date of the nurse's last shift it will then calculate if the nurse is working over and above agreed hours, where this is the case the individual would not be contacted for additional shifts.

There is an on call system to support nurses between the hours of 5 and 11 pm and the office is open during normal working hours for staff to visit should they require advice or support. Staff are not supervised when actually on duty, covering a shift, at a service but supervision is carried out by the agency. Every effort is made to do this face to face with the nurse however, in exceptional circumstances this may be done over the telephone. Each service is asked to provide feedback on the nurses performance which is then included in the individual's six monthly review. We viewed the details of the supervision records on the personnel files which contained evidence of feedback forms. We were told that they are not always returned and the agency is in the process of developing alternative methods of obtaining a response.

Quality of environment

This section is not applicable to nursing agencies.

How we inspect and report on services We conduct two types of inspection; baseline and focussed. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focussed inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focussed inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focussed inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.



Care and Social Services Inspectorate Wales

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Non Compliance Notice Nurses agencies

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in CSSIW taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.cssiw.org.uk

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Dates of this inspection from:	16 June 2014
Dates of other relevant contact since last report:	
Date of previous report publication:	
Inspected by:	Kate Jones
Lay assessor:	
Other regions contributing to this report:	

Quality of life**Non compliance identified at this inspection and action to be taken**

Action to be taken	Timescale for completion	Regulation number

None

Quality of staffing

Non compliance identified at this inspection and action to be taken

Action to be taken	Timescale for completion	Regulation number
The provider must ensure that staff employed are competent to perform the duties expected of them. Evidence of actions taken and future intentions must be forwarded to the regional office of Care and Social Services Inspectorate Wales (CSSIW)	10/07/14	14(3)

The service is not compliance with regulation 14.3 which states **The registered person must establish a procedure for collecting information from service users about the performance of nurses employed for the purposes of the agency, and must take such steps as may be necessary to address any aspect of a nurse's clinical practice.**

This is because the organisation is not taking adequate steps to ensure failures in clinical practice are addressed.

The evidence for this is that since February 2014 we, CSSIW, have received seven regulation 26 notifications.

Five related to medications errors. (The most recent error notification was received on the 17th June 2014).

One related to the incorrect application of a dressing.

One to an injury sustained by a person during care delivery.

These were referred to safeguarding and met the threshold for further investigation. The outcome was that there was no evidence to suggest the nurses acted inappropriately and no further action was required however, the organisation did review the incidents following their own procedures.

The organisation determine fitness and competency when a nurse is appointed and provide mandatory training during induction. This is then refreshed annually. Medication competency is also assessed at that time. The agency do not provide continued training this is seen as the nurse's responsibility as part of their own development.

The evidence indicates that the systems in place are not adequate to address aspects of clinical practice. This is evidenced through the continuing notifications relating to medication errors.

The impact on people using the service is that they may suffer harm through mistakes occurring. Although the nurse has a professional duty to ensure they are competent, skilled and up to date in relevant procedures/processes; the organisation also has a responsibility to ensure that its staff are competent and the current method of assessment and monitoring is not adequate.

Quality of leadership and management**Non compliance identified at this inspection and action to be taken**

Action to be taken	Timescale for completion	Regulation number

Quality of environment**Non compliance identified at this inspection and action to be taken**

Action to be taken	Timescale for completion	Regulation number

