



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

## Care and Social Services Inspectorate Wales

Care Standards Act 2000

# Inspection Report

Jane Lewis Health & Social Care - Nurses Agency

Unit 22  
St Asaph Business Park  
St Asaph  
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LL17 0LJ

Type of Inspection – Baseline  
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## Summary

### About the service

Jane Lewis Health and Social Care, nursing agency is based on the St Asaph industrial estate, within easy access of 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 service has two registered managers; Charlotte Popyk and Nadia Gilmartin. On the day of the inspection Ms Gilmartin was present.

The provider also runs a Domiciliary Care Agency from the same office base.

### What type of inspection was carried out?

We, Care and Social Services Inspectorate Wales (CSSIW) carried out a scheduled focussed inspection on 15<sup>th</sup> February 2016 between the hours of 14.50 and 17.20. The inspection looked at the two quality themes relevant to nursing agencies; staffing and management and leadership.

Discussion with the manager and two administrative staff.

Examination of five staff files.

We were provided with a copy of the staff handbook, complaint policy and procedure, service user guide/statement of purpose and the last quality assurance report.

Feedback was given to the manager at the end of the inspection visit.

### What does the service do well?

The service is well managed with a clear management structure. The quality assurance system actively seeks the views of services using the agency in order to assist in reviewing the operation of the service and implementing improvements.

### What has improved since the last inspection?

A non compliance notice was issued following the last inspection in relation to monitoring the clinical practice of staff. The provider has achieved compliance of this notice.

### What needs to be done to improve the service?

There were no issues of non compliance to report.

## Quality Of Life

This theme is not applicable to nurses' agencies

## Quality Of Staffing

Overall, people can be assured that the registered persons have developed and implemented systems in order to check the suitability of the nurses they supply to services and ensure that nurses receive the support and training they require to undertake their roles and responsibilities.

People can feel confident in the care they receive because staff are qualified to deliver nursing care. Before a nurse begins working for the agency they are invited to an interview to discuss the expectations of the role and the individual's responsibilities. At this point proof of identification will be obtained to enable the Disclosure and Barring Service (DBS) check to be carried out. The agency provides staffing solutions to a variety of settings including hospitals and care homes. Currently there are approximately 50 nurses employed who have registration in General nursing, Mental health or Learning Disability. We viewed the personnel files of five staff. The records were clearly organised and provided evidence that full employment checks had been undertaken before appointment. They included the completed application, a medical history, immunisation status, photograph, Curriculum Vitae (CV), proof of identification, three references, training certificates (staff are expected to provide details of any training previously completed) terms and conditions of employment and performance reviews. The provider ensures that the person is registered with the Nursing and Midwifery Council (NMC) through checking their Personal Identification Number (PIN); this was also evident on files. The staff member signs a contract of the "terms of employment". We viewed the copies on files. It states the person will work at a setting and a service is named but this is subject to change depending where the person is required. The contract does not provide clear detail as it suggests the staff member is contracted by the service and not Jane Lewis. This was discussed with the manager who agreed to consider changing the wording in this document.

People can feel confident in the care they receive because staff are competent in meeting needs. The organisational structure includes a nurse who delivers induction and refresher training she updates her own knowledge so that she remains up to date with changes in legislation and practice. This person is also involved in the interview process to ensure fitness. Induction includes manual handling, food hygiene, fire, Protection of Vulnerable Adults (PoVA) and whistleblowing. Cardiopulmonary resuscitation (CPR), Risk assessment, first aid, health and safety. Refresher training is delivered annually or more frequently, should an incident identify a specific need. The trainer has recently discussed revalidation with staff and a representative from the NMC attended to provide information and advice for the staff present.

Staff receive formal support from the organisation in the form of six monthly supervision but the manager is available at the main office should staff require advice or support in between formal sessions. The organisations trainer is a registered nurse and carries out clinical supervision of staff this provides the opportunity to identify strengths and weaknesses and ensures their clinical skills are appropriate for the work they are assigned. The provider contacts services following staff placement requesting comments on their performance. The post assignment appraisal forms viewed contained evidence of positive remarks regarding the staff member and their ability. Should a negative

response be received this would be addressed with the staff member at the time. The action would depend on the incident and may include a meeting, additional training/ support or no further work would be offered until a full investigation has been completed. All of this information is recorded on a compliance spreadsheet. When the staff review is due, the system highlights issues to be discussed.

## Quality Of Leadership and Management

Overall, the agency offers a consistent and reliable service which operates with due care and attention to minimum standards and regulations.

People can be assured that the service operates in a transparent manner. This is because the registered provider has produced a Statement of Purpose which provides information regarding the service. Staff are provided with a staff handbook which contains clear information about their responsibilities. There are two registered managers. One of the managers was registered to ensure the agency operated with due regard to regulations when the other person was absent and has remained in post. This system enables the service to operate efficiently as there is usually a senior person on duty with detailed knowledge of the service.

People can be assured that the agency is well managed. This is because the systems in place were professionally organised and maintained, with staff working together to ensure its efficiency. Both the registration and insurance certificates were clearly displayed in the agency's office and noted to be valid. This ensures that people visiting the agency office can see evidence of the agency's registration status and insurance details. The nurse will pay towards insurance cover or provide evidence that they have their own insurance cover. The provider employs a compliance manager, this person audits the service and a report is produced evaluating the findings, this includes responses received by services using the agency. The most recent audit will be completed by the end of March. The computer securely holds client and nurse information and will highlight availability and skills suitable for the various settings. Following an enquiry the agency make determined efforts to match the speciality of the nurse to the service. If requested, an overview of the nurse will be forwarded to the service to confirm their experience and that relevant recruitment checks have been carried out. It is recommended that this information be provided to each service when they are given the details of any new nurse who will cover the shift. Where it is a first visit the agency advises the staff member to arrive on duty 15 minutes early to orientate themselves with the premises and obtain relevant information about the service and the people they will be providing care for. Many of the services request the same staff member to ensure consistency of care and, where possible, the agency respects this.

People can be confident that if things are not right they will be addressed quickly. At the last inspection we identified that there had been a number of medication errors. The agency had acted appropriately by reporting the incidents to CSSIW and safeguarding and had put actions in place to reduce the incidence of errors occurring. We were told that an audit had been carried out and that the number of medication errors had more than halved due to the systems now in place. In addition to medication training, when the nurse begins working for the agency, refresher training is provided. Spot checks of the nurses competence is carried out in the workplace and a checklist completed. Errors are included in a compliance spreadsheet and flag similar incidents occurring with the same staff member, prompting further action.

## Quality Of The Environment

This theme is not applicable to nurses' agencies however, one of the manager's will carry out a site visit to a new service and this information will be retained on file.



## How we inspect and report on services

We conduct two types of inspection; baseline and focused. 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.

- **Focused 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. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused 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.