



*Making Social Care
Better for People*

inspection report

NURSES AGENCY

Routes Healthcare Personnel Ltd

**5 Ashted Lock
Aston Science Park
Dartmouth Middleway
Birmingham
B7 4AZ**

Lead Inspector
Lisa Evitts

Key Announced Inspection
27th February 2007 09:50

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this agency are those for *Nurses Agencies*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Routes Healthcare Personnel Ltd
Address	5 Ashted Lock Aston Science Park Dartmouth Middleway Birmingham B7 4AZ
Telephone number	0121 503 4444
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Email address	johncourt@routeshealthcare.com
Provider Web address	www.routeshealthcare.com
Name of registered provider(s)/company (if applicable)	Routes Healthcare Personnel Ltd
Name of registered manager (if applicable)	Justin Garland
Type of registration	Nurses Agencies

SERVICE INFORMATION

Conditions of registration:

1. If the business increases and the agency goes above the small agency staffing threshold, they must inform the Commission and make application for a variation of registration;
2. The agency must inform the Commission of any breaches of agreements made within the Tomlin Order kept on CSCI file;
3. The CSCI is to be informed without delay if in future the agency develops their service to include these service users who are patients;
4. The agency must develop and implement a child protection policy in line with the Local Authority guidelines if the agency takes on new business involving the care of children and the CSCI are to be informed without delay of this development. Staff involved with this service are to be inducted and trained into these procedures.

Date of last inspection 27th July 2005

Brief Description of the Service:

Routes Healthcare was first registered in December 2004 and has a branch in Manchester. The nurse agency is based in a suite of offices within a business park a short distance from the City Centre. Limited parking is available at the front of the premises and public transport is available. The office is located on the ground floor of the building and disabled toilets are available. A passenger lift is available to other floors of the building. The office has a room to interview candidates in private.

The agency provides a 24-hour out of hours service 365 days per year and a Registered Nurse is available by phone for staff if required for support. The office is open from 9am – 5pm, Monday to Friday. The public and professionals can access the agency by telephone, fax, e-mail, internet, or by visiting the office.

The services offered by the agency include the provision of nursing and care staff to hospitals and nursing homes. Current fees for a qualified nurse are £16.90 per hour.

Routes Healthcare also offer a home help service, but this service does not include personal care. Routes Healthcare operates as an employment agency from the same premises supplying staff to a range of other settings for example Operating Department Assistants and catering staff. This aspect of the business is not covered by the Care Standards Act 2000 but is regulated by the Employment Agencies Inspectorate.

Copies of the previous inspection reports are not on display and it was recommended that these are available in order to provide prospective clients and staff the opportunity to read these reports if they wish to do so.

SUMMARY

This is an overview of what the inspector found during the inspection.

The announced fieldwork visit was undertaken by one inspector over four hours and was assisted throughout by the Registered Manager and Responsible Individual. A regulation manager accompanied the inspector for part of the inspection process.

Information was gathered from reviewing four staff files and a range of policies and procedures. Discussions with the Registered Manager, nurse recruiter and the recruitment coordinator assisted in the collection of information and an overview of the office facilities was undertaken. Two comment cards were received from clients who use the agencies services and four comment cards were received from staff who are employed by the agency, these were positive in nature and suggested satisfaction with the service provided.

Prior to the inspection the Registered Manager had completed a pre inspection questionnaire and returned it to CSCI, and this gave information about the agency, which was taken into consideration.

No immediate requirements were made at the time of the fieldwork visit.

What the service does well:

Overall the quality of the service provided by the agency is of a good standard.

The agency provides prospective clients/service users with information about the agency to enable them to make an informed decision about engaging its services.

There is a twenty-four hour contact number for clients/service users to contact the agency if required and there are satisfactory arrangements in place to support qualified nurses out of hours.

Recruitment procedures are robust and this ensures that clients are safeguarded from harm. Nurses are only supplied to the areas they are competent to work in.

The premises are well equipped and have the resources to provide an efficient service.

Comments received about the service included:

"They check on a daily basis if all is well with the nurses they supplied"

"They communicate well and are friendly"

"Our staff felt supported by the agency staff and were not left to do all the work themselves"

"Recruitment was a long process, which involved a lot of questioning"

"Its an approachable team with a good manager"

What has improved since the last inspection?

The agency has a more robust recruitment procedure in place and references are sought to authenticate the applicants work history, and this will safeguard clients from harm.

Complaints are fully recorded and this includes the outcome of the complaint and any decisions made following an investigation which ensures a satisfactory outcome has been achieved.

A new computer system has been installed and this informs the manager of individual nurses training or professional details that are about to expire, in order to ensure that the nurses are not placed into an allocation, prior to this information being renewed. This ensures that nurses are fit to practice and have the knowledge to perform well within their roles.

What they could do better:

The agency must collate information about the quality of service and produce an annual report about the service being provided. The report should detail how further improvements can be made and details of how this will be achieved. This will enable the agency to measure its success at meeting its aims and objectives.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Registered Persons (Standard 2)

Recruitment and Supply of Nurses (Standards 3-6)

Complaints and Protection (Standards 7-11)

Management and Administration (Standards 12-18)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Information

The intended outcome for Standard 1 is:

1. Prospective service users have the information they need about the agency in order to make an informed decision on whether to engage its services.

JUDGEMENT – we looked at the outcome for standard:

1.

Quality in this outcome area is adequate. This judgement has been made using available evidence including a visit to this service.

There is sufficient information available for prospective clients/service users to enable them to make an informed decision about whether to engage the agencies services.

EVIDENCE:

The certificate of registration was prominently displayed, however only one page was visible and it is required that both pages are displayed so that visitors to the premises can also see any conditions of registration, this was rectified by the manager at the time of the visit. A certificate of current liability insurance was also on display.

The statement of purpose and service user guide were taken to review as part of the post fieldwork analysis. These were found to have sufficient information to enable prospective users to make an informed decision as to whether to engage the services of the agency. However both documents are required to be updated as the information about the manager was for the Manchester branch and the liability insurance dates had not been updated. These documents are available in large print upon request and this ensures that prospective service users with sensory impairments can also access the information.

The agency is contactable 24 hours per day, 365 days per year and a trained nurse is available to support qualified nurses working out of hours.

Copies of the previous inspection reports are not on display and it was recommended that these are available in order to provide prospective clients and staff the opportunity to read these reports if they wish to do so.

Registered Persons

The intended outcome for Standard 2 is:

2. Service users are assured of the integrity of the agency and have confidence that it is run by a fit person or organisation.

JUDGEMENT – we looked at the outcome for standard:

2.

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

The arrangements for the management of the agency are satisfactory and ensure a safe and well run service.

EVIDENCE:

The manager is not a nurse, however has knowledge and experience of working in the recruitment business and has a Degree in Business Management. He has been employed for one year and has successfully completed the CSCI fit persons assessment.

The Responsible Individual and a recruitment coordinator support the Manager, along with two Registered Nurses who undertake interviews for qualified nurses and also complete observations of staff working "in the field". This ensures that the agency monitor the staff and ensure that they are competent to perform well in their roles.

One comment card received stated "Its an approachable team with a good manager".

Recruitment and Supply of Nurses

The intended outcomes for Standards 3 - 6 are:

- 3.** The process for recruitment and selection of nurses meets all the requirements of legislation and employment law including that related to equal opportunities and anti-discriminatory practice.
- 4.** Service users are confident that nurses supplied by the agency will provide good quality care and will not jeopardise the safety of patients.
- 5.** The agency has documentary evidence demonstrating the personal identification, registration, ongoing eligibility to be employed as a nurse, and relevant qualifications of each nurse to be supplied.
- 6.** Nurses supplied by the agency are competent and trained to undertake the activities for which they are employed and responsible.

The Commission considers Standards 3, 4 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3,4,5 & 6

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

The overall standard of nurse recruitment processes should ensure that nurses supplied by the agency are deemed safe to work with vulnerable adults.

EVIDENCE:

The recruitment processes used by the agency appear to operate in line with employment law, equal opportunities and are non discriminatory. A comprehensive and detailed application form is in place and Registered Nurses undertake all interviews for trained staff. The agency has approximately 62 nurses who are registered and available for work.

Four staff files were reviewed and the files were well-organised making information easy to retrieve, the exception being that employment-starting dates were not always clear and this was discussed at the time of the inspection. The recruitment process was discussed with the coordinator and a nurse recruiter and is comprehensive.

One member of staff employed by the agency commented, "Recruitment was a long process, which involved a lot of questioning". This shows that a robust system is in place in order to safeguard service users.

Criminal Records Bureau checks are completed for all staff and include a check on the Protection Of Vulnerable Adults register. The applicant's health records are checked and there was evidence of immunisation records. Written references were obtained and Personal Identification Numbers are checked using the Nursing and Midwifery Council caller confirmation service, and this ensures that nurses are fit and registered to practice. Extra references are sought to confirm nurse's knowledge in specialist areas prior to being allocated into these areas. All trained nurses undertake a medication calculation assessment at the time of interview to confirm their competence in medication management. Interview records were made and these provided details of answers given by nurses to set questions asked.

If a nurse had not worked for the agency for six months, they would be required to be reassessed, work history checked, references obtained and Personal Identification number confirmed again prior to being allocated any work and this safeguards clients from harm.

There was evidence of qualifications and training undertaken, being confirmed and copies of these documents were on file.

Complaints and Protection

The intended outcomes for Standards 7 - 11 are:

7. Service users are confident that their complaints will be listened to, taken seriously and acted upon.
8. Service users who are also patients are protected from abuse, where the agency is an employment business.
9. Service users who are patients are protected by the agency's procedures for assistance with medication, where the agency is an employment business.
10. Action is taken to protect confidentiality of information relating to service users who are also patients, their carers and advocates.
11. The health, safety and welfare of service users who are also patients, and of nurses, are promoted and protected, where the agency is an employment business.

The Commission considers Standards 7, 8, 9 and 11 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8 & 9

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

The complaints procedure is accessible should anyone need to make a complaint. The policies and procedures ensure that complaints are investigated thoroughly and that service users are protected from abuse.

EVIDENCE:

The agency has a comprehensive written procedure for handling complaints and has a log of complaints for auditing and tracking purposes. CSCI had not received any complaints pertaining to the agency. The agency had recorded ten complaints on the pre inspection questionnaire, however only five of these pertained to qualified nursing staff. It is recommended that the qualified staff, care staff and operating department assistants complaints are kept separate for ease of monitoring, as it was not clear which part of the business the complaints were in relation to.

Complaints had been dealt with in a satisfactory time scale and there were good records of how the complaint had been investigated, the outcome and any actions taken.

One complaint was made by a nurse working for the agency, regarding how she had been asked to administer medication while on an assignment. While the agency nurse had acted appropriately and statements had been written, the incident regarding medication administration had not been reported to the relevant authority, in order for further investigations to take place. This was discussed with the Responsible Individual at the time of the visit and it is recommended that any issue of poor practice, which may affect service users, is reported.

The agency has a procedure in place for the reporting of any allegations of abuse and this is fully comprehensive. The agency did not have a copy of the local Multi Agency Guidelines and this is recommended to ensure that staff have further guidelines to follow in the event of an allegation of abuse.

The agency has a whistle blowing policy to ensure that staff have the knowledge to protect clients/service users without fear of any reprisals.

The agency has a medication administration policy in line with the Nursing and Midwifery Council (NMC) guidelines and also states the procedure to follow in the event of a medication error. The policy is included in the staff handbook and this ensures that staff have guidelines to follow.

The agency is guided by the NMC guidelines for the reporting of nurses for misconduct, and this ensures that clients are protected from nurses who are not fit to practice. The agency receives a report from the NMC (Nursing and Midwifery Council) regarding nurses who have been declared as not fit to practice. These names can be cross referenced to nurses working for the agency to ensure that all nurses who work for the agency are registered and safe to practice.

The agency provides training in mandatory topics such as health and safety, fire safety, infection control, moving and handling and basic life support. Staff have to pay for this training if it is not up to date, however evidence was seen on files that copies of certificates are taken when the courses have been completed elsewhere. This ensures that clients have access to knowledgeable and competent staff.

Management and Administration

The intended outcomes for Standards 12 – 18 are:

- 12.** Approved accounting and financial procedures are adopted to ensure the effective and efficient running of the business and its continued financial viability.
- 13.** There are designated premises suitably equipped for the purpose of the day to day operation and management of the service.
- 14.** An appropriate management structure and clear lines of accountability are in place.
- 15.** Nurses supplied by the agency know the standards of conduct expected of them and are aware of the agency's organisational policies, where the agency is an employment business.
- 16.** There is a written agreement between the Agency and nurses.
- 17.** Service users' and nurses' interests are safeguarded by the agency's record keeping policies and procedures.
- 18.** The agency operates in the best interests of service users and of nurses supplied by it.

The Commission considers Standards 15 and 18 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

13,14,15,16 & 18

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

The arrangements in place for the management of the agency including providing information to staff were appropriate. The arrangements for gaining feedback could improve in order to measure success in meeting aims and objectives and best outcomes for clients.

EVIDENCE:

The office is located on the ground floor of the building and disabled toilets are available. A passenger lift is available to other floors of the building. The office has a room to interview candidates in private and the premises are well decorated and presentable. There was a friendly and pleasant atmosphere in the office on the day of the inspection and one comment card received stated "Office staff treat you with respect and make you feel part of a team". There is

sufficient equipment and resources available for the efficient and effective management of the service.

There is an appropriate management structure in place for the agency. The Registered Manager stated that the Responsible Individual supported him. There is an on call service available out of hours and a nurse is available to give support and advice, to staff if required.

A staff handbook is in place and nurses are provided with terms and conditions of employment. There is a written agreement between the agency and the nurse and information is made available to nurses to ensure that they are aware of the conduct expected from them when working through the agency. One file reviewed had not had this agreement returned and all nurses must have this agreement in place. Staff are paid on a weekly basis after submitting timesheets.

The agency offers a "introduce a friend scheme" where this incentive gives the person £100 after 40 hours are worked by the new staff member.

A new computer system had been installed since the last inspection and this system flags up individual nurses who have training and personal identification numbers, which are about to expire. This safeguards clients, as staff would have to produce new certificates to confirm that they have undertaken the relevant training and are fit to practice before being allowed to work again. The system also holds information about the availability of staff and areas, which they are authorised to work. Bookings are also made onto this system so that the agency knows which member of staff is working and where at anytime.

The agency has some mechanisms in place to obtain feedback from clients and staff however this is required to be more formalised. Questionnaires are sent out to clients and the responsible individual indicated that this is intended to be done every two months. No questionnaires are sent to staff and feedback tended to be informally from staff visiting the office. One of the nurse recruiters works alongside staff one day a week to observe their practice but no records were made of this. No annual report had been produced regarding the quality of services provided and this is required in order that the agency can demonstrate its success at meeting its own aims and objectives.

One organisation commented "They check on a daily basis if all is well with the nurses they supplied"; this information should form part of the annual report.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Nurses Agencies have been met and uses the following scale.

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion
 "N/A" in the standard met box denotes standard not applicable

INFORMATION	
<i>Standard No</i>	<i>Score</i>
1	3

REGISTERED PERSON	
<i>Standard No</i>	<i>Score</i>
2	3

RECRUITMENT AND SUPPLY OF NURSES	
<i>Standard No</i>	<i>Score</i>
3	3
4	3
5	3
6	3

COMPLAINTS AND PROTECTION	
<i>Standard No</i>	<i>Score</i>
7	3
8	2
9	3
10	X
11	X

MANAGEMENT AND ADMINISTRATION	
12	X
13	3
14	3
15	3
16	2
17	X
18	2

Are there any outstanding requirements from the last inspection? YES

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	NU1	4 Sch 1	The statement of purpose and service user guide must be updated to reflect the current manager and liability insurance details.	30/04/07
2.	NU16	17 Sch 4	Copies of terms and conditions of employment must be available for all staff.	13/04/07
3.	NU18	19	The agency must consult regularly with service users about the overall quality of service provided by the agency. (Previous timescale of 31/08/05 not met) Staff must also be consulted and an annual report, with action plans and timescales must be written.	31/05/07

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	NU1	It is recommended that copies of the previous inspection reports are available to read.
2.	NU7	It is recommended that complaints pertaining to trained staff are recorded separately.
3.	NU8	It is recommended that poor practice by other services is reported to the relevant authorities. It is recommended that the agency obtain a copy of the local multi agency guidelines.
4.	NU18	The Manager was advised to keep a record of any forms sent to clients to obtain written feedback about the skills and competence of that nurse. (Previous recommendation)

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