

H1 Healthcare Nurse Agency

205 Bath Street
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Telephone: 0141 212 7900

Type of inspection: Unannounced
Inspection completed on: 31 October 2016

Service provided by:
H1 Healthcare Solutions Ltd

Service provider number:
SP2004005646

Care service number:
CS2009237045

About the service

H1 Healthcare is registered with the Care Inspectorate as a nurse agency to supply or introduce registered nurses to care homes, private clinics and hospitals that provide a service to:

- older people
- people with learning disabilities
- people with physical impairment
- people with mental health problems.

The service was managed by H1 Healthcare Solutions Ltd, and both the service and provider had an office base in the centre of Glasgow. At the time of the inspection the service employed around 150 registered nurses throughout Scotland.

The service aims, "We provide a complete suite of products and services to meet the needs of our clients. These clients include private healthcare providers, care homes, voluntary organisations, prisons, the NHS and industry. Our solutions are designed to help you maintain a high calibre workforce in a cost and time effective manner".

What people told us

As this inspection was of a nurse agency the recipient of the service were other service providers (who will be referred to as clients).

We spoke with four clients (registered care home managers) as part of the inspection process. Some of these had made complaints to the service about issues related to nurses placed by the agency. Overall comment from all clients was very positive about the service, and specific comment was made about the introduction of clinical supervisions carried out by the new manager.

We also spoke with three nurses who were recruited by the agency to work with clients. Feedback was generally very good and positive comment was also made about clinical supervision.

Self assessment

The self-assessment had good information to explain systems. However, there needs to be less emphasis of inputs and systems and more focus on outcomes. This was discussed in detail as part of the inspection and both the new manager and external manager acknowledged this an area for development.

From this inspection we graded this service as:

Quality of Information	not assessed
Quality of care and support	4 - Good
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

What the service does well

Based on our findings, the service was graded 'good' in areas relating to the Quality of Care and Support and Management and Leadership.

When we looked at participation, we saw that clients (care providers) were given regular opportunities to comment on the quality of service provided by H1 Healthcare. This included a combination of surveys, telephone contacts and face to face meetings. From the responses and comments sampled, we found that clients were mostly satisfied or very satisfied with the service.

As part of quality approaches and monitoring staff performance, the new manager had recently introduced clinical supervision as recommended in two previous inspection reports. Whilst it was early days to assess the impact of this across the service, both clients and nurses had welcomed this as a very positive development. Office staff had also started to receive 1:1 meetings as part of support and performance processes. Plans were in place to carry out staff appraisals after supervision had become more established practice. It was agreed to include the frequency and arrangements for supervision and appraisal within organisational guidance.

We found good compliance in line with safer recruitment. Nurses told us that the induction period and e-learning had been useful. Comment was made by a nurse about the possibility of proving other methods of training in line with the requirements of revalidation (see <http://revalidation.nmc.org.uk>). The management team agreed to look at this.

We were pleased to see that Adult Support and Protection (ASP) was now part of organisational mandatory training. The new manager had introduced a newsletter to help in communication and sharing of information/ideas. Nurses told us that this had been beneficial and had found the recent articles on 'managing challenging behaviours' and 'effective handovers' to be very helpful.

During our visits we met with representatives from operations, recruitment consultants and compliance. The service had recognised the need to improve communication across the different departments. As a result of this joint departmental meetings were scheduled and this would include regular monitoring and discussions about service development. We highlighted the importance of linking the service development plan with the self-assessment and involving key stakeholders.

We spoke with the Chief Executive as part of the inspection, which included agreement to introduce appropriate contingency arrangements in the absence of the manager who was also the only nurse in the service. This arrangement would ensure that there was always a nurse available to respond to nursing related matters.

Records of complaints showed good detail of communication and resolutions with complainants. Clients told us about their experiences of the service's response to their complaints which reinforced what we found. Plans were in place to formalise the satisfaction of complainants by following this up with a letter.

What the service could do better

Information collated from client feedback should be made clearer to show action taken and the overall impact on improving and influencing the service. This was discussed within the context of participation and quality assurance processes and the need to develop related policies. In doing this it will help explain the service's approaches and standards for participation and quality.

Since the last inspection there had been a change in manager, which had been the fourth change in two years. The operation director acknowledged our concern in relation to the turnover of managers and the associated delay in some aspects of service development. The service had not submitted an action plan following the last

inspection report. Although the new manager provided an action plan prior to our visit, this highlighted the need to improve aspects of line management processes and accountability. This was fully accepted as an area for improvement.

Whilst the external manager provided support to the registered manager, this did not include structured supervision. (See Recommendation 1).

We noted that some nurses were not aware of current best practice related to the service types that they were working in. For example, the Scottish Governments 'Quality Principles: Standard Expectations for Care and Support in Drug and Alcohol Services' (2014) and 'Promoting Excellence': a framework for all health and social services staff working with people with dementia, their families and carers (see <http://www.gov.scot/Publications/2011/05/31085332/0>). The management team shared their ideas with us in taking action to improve this by signposting to best practice and monitoring through clinical supervision.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The registered manager should receive supervision in line with good practice.

National Care Standards for Nursing Agencies: Standard 4 - Management and Staffing Arrangements

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings
1 Dec 2015	Unannounced	Information 4 - Good Care and support 5 - Very good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good

Date	Type	Gradings	
3 Dec 2014	Unannounced	Information	5 - Very good
		Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	5 - Very good
9 May 2013	Unannounced	Information	5 - Very good
		Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
1 Jul 2010	Announced	Information	5 - Very good
		Care and support	Not assessed
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed

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