

ASA International Nurse Agency

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Type of inspection:
Unannounced

Completed on:
16 May 2024

Service provided by:
ASA International Ltd

Service provider number:
SP2006008270

Service no:
CS2006118363

About the service

ASA International is registered as a nurse agency to provide a service throughout Scotland.

The service has been registered with the Care Commission/Inspectorate since January 2007 and is provided by ASA International Ltd. The service has four office bases located in Glasgow, Edinburgh, Aberdeen and Kirkcaldy, with the registered service address in Glasgow.

At the time of this inspection, we were told that the service had four active nursing staff who were providing support to nine care home services.

About the inspection

This was an unannounced inspection carried out by one inspector between 7 and 16 May 2024. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service, we contacted nine service users, in this instance 'service users' are registered care home services which use ASA to supply agency nurses to support them when needed. We also reviewed relevant documentation, spoke with nurses, management, training, recruitment and compliance staff.

Key messages

- The agency's policies and procedures, aims and objectives reflected values which promoted good staff practice.
- People could be confident that the nurses who supported them had been appropriately and safely recruited.
- Management needed to further enhance their quality assurance and improvement processes, to ensure the service was operating effectively.
- Nurses felt confident and supported by management and staff at ASA.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership and staffing?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where a number of strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The agency's policies and procedures, aims and objectives reflected values which promoted good staff practice, which protects people from harm and respects people's rights and choices. Feedback, we gained from nurses, reflected that they were aware of the relevant procedures to protect people and how to put these into practice.

ASA provided new or potential service users with information about the services they provided. This allowed people to make an informed choice about using the agency. ASA aimed to, 'take the time to listen and understand service users' needs and find staff with the right skills, experience and expertise'. One service user told us, 'I remember that the nurse also worked in the NHS and we had no issues with their practice'.

ASA also arranged visits to assess the needs of the service user and issue a service agreement, which set out the terms and conditions under which the support would be provided. We discussed, with management, how the specific nursing requirements of service users could be further assessed and clearly recorded at or following the initial assessment visit. These could include, age ranges, size of units, medical conditions, any specialities and be regularly reviewed, to ensure that these continued to match with the available nurses' skills and experience. Management agreed to review this.

Service users had access to an electronic system that allowed them to input their requests. ASA focused on regular contact with their service users and discussed their requests to ensure that they allocated the nurse who had the relevant skills and experience. Nurse identity profiles, which included their skills and experience, were automatically sent to service users when a nurse was allocated. This helped to ensure that people got the care and support that was right for them.

ASA had a complaints procedure which service users could use to report any issues or concerns. We were told that they had no complaints in relation to their nurses and service users, spoken with, confirmed that they had not needed to raise any issues or complaints.

We saw that ASA had policies and procedures in relation to health and wellbeing. This included the management of Infection, Protection and Control. However, some of the policies need updating with relevant details, links and current best practice. This would ensure that ASA and nurses were aware of, and working to, the most up to date legislation and best practice. (see Area for Improvement 1, 'How good is our leadership and staffing?')

Feedback gained by ASA, showed service users were happy with the quality of nurses provided and wanting them to return.

How good is our leadership and staffing?

4 - Good

We evaluated this key question as good, where a number of strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

ASA's aims and objectives reflected values, of building trusting working relationships and a commitment to achieving the desired outcome for their service users, which underpinned their recruitment process.

The agency recruited nurses using online systems which followed safe recruitment best practice guidance. Compliance and recruitment staff ensured that all relevant pre-employment checks and documents were in place. These included the uptake of relevant references, Protection of Vulnerable Group check (PVG), right to work, professional body registration, work experience, skills, qualifications and training.

An interview was carried out by the nurse trainer, who reviewed and discussed the applicant's experience. We discussed, with management, how the process could be made more robust with the use of value and competency based scenarios completed prior to the interview. Detailed records of the nurses skills and practical competencies, for example, Percutaneous Endoscopic Gastrostomy(PEG), syringe drivers, catheterisation, would also give additional insight into the nurse applicant's abilities.

All pre-employment checks needed to be in place before applicants were compliant and allowed to work for the agency. This meant that people could be confident that the nurses who supported them had been appropriately and safely recruited. One nurse told us, 'I had an initial interview after providing all relevant information and references, I then had to undergo training that was out of date'.

We saw that ASA management held regular management and contract review meetings which helped to monitor and assess their quality assurance.

All compliance such as training, PVG checks, professional body registrations were monitored by the agency's systems and overviewed by compliance staff. The compliance staff would be notified of any compliance which was due to expire. This would be followed up with individual nurses to action, allowing the nurses to continue to work as well as ensuring staff skills remained up to date, helping to keep people safe.

However, as previously stated, we found that some of their policies needed updating with relevant details, links and current best practice. This included Adult Support and Protection(ASP), Complaints, Medication, Infection, Protection and Control. (see Area for Improvement 1)

ASA had systems in place to gain feedback from service users. Feedback, we saw, included the rebooking of the same nurses and no issues or concerns raised. This information, however, was not always collated or reviewed to show what the agency did well or what they could do better. They had previously issued surveys to gain feedback but had had a minimal response.

On completion of a shift, service users where able to provide feedback about the nurse, however the majority, we spoke with, were not aware of being asked for formal feedback. We suggested that actively seeking feedback by visiting or contacting service users directly, when their nurses were working with the service users, could improve their quality assurance further (see Area for Improvement 1).

We also suggested that the development of an Improvement plan and completion of a self-evaluation, based on the quality inspection framework, would allow them to clearly identify and measure improvements to the agency and service user outcomes (see Area for Improvement 1).

We noted that the current Registration certificate contained conditions relating to the previous regulator, the Care Commission. We asked management to submit a variation application to allow us to update their conditions.

All of the nurses, currently registered with ASA, worked in the NHS so had relevant skills and training.

Compliance with mandatory training was monitored by the agency's systems and the online training provided by ASA gave access to numerous additional topics. Moving and assistance practical training was also provided by ASA, where required.

The nurse trainer carried out annual appraisals of nurses to review their performance. We discussed, with management, how the process could be made more robust by reflecting received service user feedback, what training or additional competencies the nurse had completed, recording an overall assessment of the nurses practice and any identified actions required. Management agreed to review this.

Nurses had access to an electronic system that allowed them to see what work was available and to input their availability. They were given some information about the service users and we discussed, with management, how additional information about the specific nursing requirements of service users could be of benefit to the nurses. We also suggested that feedback from their nurses should be sought about any improvements that could be made to the agency.

Feedback, we received, from nurses working for ASA was positive. They confirmed that they felt confident and supported by management and staff at ASA, including out of hours.

Areas for improvement

1. To ensure that the agency is operating effectively, the provider and manager should ensure that they use robust quality assurance and improvement processes. This should include, but is not limited to:

- a) Reviewing and updating of policies and procedures, in line with current legislation and best practice.
- b) Seeking and collating regular feedback from all service users and nurses, demonstrating any learning or improvements made as a result.
- c) Completion of a self-evaluation, showing what they do well and what they could do better.
- e) Developing an improvement plan, which includes set timeframes for review and clearly identifies and measures improvements to the agency and service user outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should identify and evidence the level of training that each nurse has had in dementia awareness and dementia care, and match this against the expectations of the Scottish Government's

Promoting Excellence Framework. Where staff have not achieved the required level of training appropriate to their role, or are unable to evidence such training, the provider should provide training to the appropriate level.

This area for improvement was made on 20 October 2015.

Action taken since then

We saw that dementia training was assessed as part of the recruitment of nursing staff. Nurses either provided a certificate of training or completed ASA online training prior to commencement.

This Area for Improvement has been met.

Previous area for improvement 2

The provider should review their recruitment procedures to make sure that they are in line with best practice guidance on safe recruitment, specifically in relation to the quality of references obtained, and how information is gathered through the application form and used to inform the selection process.

This area for improvement was made on 20 October 2015.

Action taken since then

Recruitment practice was seen to be safe, with the uptake of references in line with best practice guidance, 'Safer recruitment through Better recruitment'.

This Area for Improvement has been met.

Previous area for improvement 3

The provider should make more effective use of existing quality assurance systems in order to identify areas for improvement, and evidence the steps taken to bring about those improvements.

This area for improvement was made on 20 October 2015.

Action taken since then

We saw that quality assurance systems were in place, including regular management and staff meetings, staff training and appraisals, service user feedback, policies and procedures.

However, we found that it was not always clear what the service areas for improvement were and what learning or improvements had been achieved. We discussed, with management, the development of an Improvement plan and completion of a self-evaluation, based on the inspection quality framework, which would allow them to clearly identify and measure improvements to the agency and service user outcomes.

This Area for Improvement has not been met.

See Area for Improvement 1, 'How good is our leadership and staffing?'.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People's rights are promoted and respected	4 - Good
1.2 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership and staffing?	4 - Good
2.1 Safer recruitment principles, vision and values positively inform practice	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
2.3 Staff have the right skills and are confident and competent	4 - Good

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