

RMR Recruitment Limited Nurse Agency

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Type of inspection:
Announced

Completed on:
21 June 2024

Service provided by:
RMR Recruitment Limited

Service provider number:
SP2018013256

Service no:
CS2018372380

About the service

RMR recruitment Limited is registered as a nurse agency to supply or introduce registered nurses to the NHS framework across Scotland. The provider is RMR Recruitment Limited. The service operates from a base office in Brentwood, England.

At the time of this inspection, we were advised that the service had five active nursing staff who were providing support to two health boards in Scotland.

About the inspection

This was an announced inspection due to the providers office premises being based in England. The inspection took place between 11 June and 21 June 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the service was registered.

In making our evaluations of the service we:

- received feedback about RMR Recruitment Limited from two service users. Service users are NHS Health Boards which use RMR Recruitment Limited to supply nurses to them when this is required.
- spoke with three staff and three of the management team
- reviewed documents.

Key messages

- Customers could be confident that nurses supplied had been safely recruited and had relevant skills and experience.
- Nurses felt well supported by the management team.
- Feedback from customers about nurses was very positive.
- Quality assurance systems and processes need to be further developed to help continuously drive improvements.

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 several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experiencing care could be confident that nurses had received training that contributed to supporting patients rights. This included adult support and protection training and equality, diversity and human rights training. However, some staff we spoke with were unfamiliar with the Health and Social Care Standards. These standards are based on human rights and designed to help promote better outcomes for people experiencing care. We discussed the importance of raising staff awareness of these with the service manager who agreed to make existing staff aware of these standards and include this information within the induction for new staff.

It was evident from recruitment files sampled that nurses being supplied had significant experience in a variety of clinical settings, bringing valuable knowledge and expertise to the wards where they were placed. This meant that both colleagues and patients could be confident that staff had appropriate experience, skill and competence to support positive health outcomes.

Moving and handling training and Infection Prevention and Control (IPC) training provided contributed to ensuring that people were protected from harm. Training provided by NHS Education for Scotland (NES) was sourced and completed by staff prior to them working at the hospital. Face to face training was also outsourced and covered a variety of relevant topics. We asked the provider to ensure that all training made reference to Scottish Legislation.

Nurses we spoke with had worked continuously in the same hospital. From our conversations with the contacts at NHS Health Boards and from feedback the provider had obtained, it was evident that the nurses were highly regarded. This was evidenced by requests from the hospital for the same nurses, promoting continuity and helping nurses feel that they were part of the team at the hospital.

In the absence of being able to directly observe staff practice, we suggested that the provider explore ways to obtain focused feedback in relation to how well staff promote and respect people's rights.

How good is our leadership and staffing?

4 - Good

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

Recruitment files sampled provided evidence that all appropriate pre employment checks had been carried out prior to any offer of employment. This meant that people experiencing care could be confident that staff had been safely recruited. These included right to work checks and Protection of Vulnerable Group (PVG) checks. References were also sought prior to employment.

Whilst the recruitment process included a brief competency assessment, with nurses demonstrating their ability to correctly calculate drug quantities, this process would benefit from additional competency based questions and scenarios to further explore the suitability of candidates.

Whilst we saw some evidence of responses to questions being asked at interview, this was not detailed. The interview process could be enhanced from improved recording of responses and the use of value based questions. A recruitment checklist or tracker could help evidence the progression of the recruitment process and ensure that any critical steps are not missed.

We discussed the benefit of self assessment and service improvement plans as quality assurance tools. The provider was not able to demonstrate that these were part of their current quality assurance processes. We suggested that self assessment based on the quality framework for nurse agencies could be one way to help identify and measure improvements. See area for improvement 1.

Although staff told us that they had regular contact with office staff, there was no evidence to indicate that there was opportunity for formal supervision where staff would receive professional support and reflect on practice and learning, contributing to an individual's development. The provider should ensure that this is provided to both support staff and enhance quality assurance processes at the service. A record of the supervision discussion should be retained to ensure that any agreed actions can be followed up. See area for improvement 1.

Nurses we spoke with told us that office staff were available 24 hours, they felt well supported and advised that there was a nurse available to discuss any clinical queries. Nurses had support from both the registered manager who was able to advise on any clinical queries and a dedicated recruitment consultant.

The registered manager worked alongside the compliance team to help make sure that training, PVG's, and annual appraisals due for renewal were being completed to ensure continuous employment with no disruption to the service provided.

From speaking with nurses and sampling recruitment files and training records we concluded that they had the appropriate skills and competencies to work in the clinical settings where they were sent.

The provider regularly sought feedback about staff performance and those we sampled demonstrated high levels of customer satisfaction.

Areas for improvement

1. To ensure quality and continuous improvement at the service, the manager should further implement robust and effective quality and assurance processes to complement those already in place.

This should include, but is not limited:

- a) Identifying what the service does well and could do better through self evaluation.
- b) Developing a service improvement plan.
- c) Introducing formal staff supervision.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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).

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	5 - Very 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	5 - Very Good

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