

Protect24 Ltd Nurse Agency

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Type of inspection:
Unannounced

Completed on:
20 September 2024

Service provided by:
Protect24 Ltd

Service provider number:
SP2015012624

Service no:
CS2015343033

About the service

Protect24 Ltd is a nurse agency registered to place nurses in registered care home services in Edinburgh and the Lothian regions. The provider of the service is Protect24 Ltd. The service has an office base in the Currie area of Edinburgh.

At the time of the inspection, the service employed 28 nurses and supplied nursing staff to 12 registered care homes.

About the inspection

This was an unannounced, virtual, follow up inspection which took place on 19 and 20 September 2024. The purpose of the inspection was to evaluate the progress the provider had made in meeting a requirement and areas for improvement made at the last inspection, undertaken in June 2024. This report should be read in conjunction with the report dated 7 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 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:

- spoke with the registered manager
- reviewed documentation

Key messages

- Improvements had been made to encourage people experiencing care to share their views about the quality of the service.
- The provider had developed their adult support and protection policy to ensure it was in line with current regulation.
- Staff were provided with increased opportunities to develop their skills and assess their own performance through support from the manager.
- Discussions with care home managers were documented, so client feedback could be used to further develop the quality of the service.
- Amendments were made to the provider's service agreement to ensure clients understood how they could make a complaint.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support improvement.

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

At the inspection in June 2024, we evaluated this key question as adequate. At this follow up inspection we re-evaluated the key question as good.

The provider had made progress in relation to seeking feedback from people experiencing care. People were supported by the agency nursing staff to share their views about their experience of care. This supported the provider's aims and objectives which stated people are supported to be 'partners in their care needs'. We look forward to seeing how this progresses in the future, to help further develop the quality of the service.

The manager had made improvements to how feedback was gathered from care homes who used the service. In addition to sending out an annual survey, the manager had frequent telephone contact with care homes where informal feedback could be shared and documented.

The improvements made in this key question have demonstrated the provider's willingness to develop the service and have a positive impact on people's experiences and outcomes.

For further information, please see the following sections of this report:

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

How good is our leadership and staffing?

4 - Good

At the inspection in June 2024, we evaluated this key question as adequate. At this follow up inspection we re-evaluated the key question as good.

The manager had documented feedback from staff about their knowledge and skills, which helped them assess their own performance. Records of discussions with staff about areas for additional support were maintained. People experiencing care could be confident the staff were evaluating their development and had the necessary skills and competence to support them.

Improvements had been made to help increase nurse's skills and knowledge. Training opportunities in adult protection and dementia were promoted and completion of courses was evidenced. This underpinned the provider's commitment to supporting staff with their continued professional development.

The improvements made in this key question have demonstrated the provider's willingness to develop the service and have a positive impact on people's experiences and outcomes.

For further information, please see the following sections of this report:

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

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 6 September 2024, the provider must conduct a full review of their adult protection policy and procedures, to protect the safety and wellbeing of people experiencing care. To do this the provider must, at a minimum:

- a) update their adult protection policy and procedures, ensuring they contain:
 - i. an accurate definition of an 'adult at risk',
 - ii. reference to local authority contacts in all operational areas,
 - and
 - iii. details of Adult Support and Protection Committees' Multi Agency Guidelines in all operational local authority areas.
- b) Ensure all staff complete adult protection training in line with the principles of the Adult Support and Protection (Scotland) Act 2007.

This is to comply with Regulations 3 (Principles), 4(1)(a) (Welfare of users) and 15(b)(i) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

- 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21);
- and,
- 'I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made' (HSCS 3.22).

This requirement was made on 7 June 2024.

Action taken on previous requirement

Since the last inspection the provider had completed a review of their adult support and protection policy. The policy contained an accurate definition of an 'adult at risk' and referenced good practice guidance from local authority multi agency guidelines. Contact numbers of all relevant local authority areas were detailed in the policy including who to call in an emergency out of office hours.

The provider had invested in an adult protection training course for staff which was in line with the principles of the Adult Support and Protection (Scotland) Act 2007. Most staff had completed relevant training and the provider demonstrated a commitment to ensuring all staff were trained by October 2024.

We were satisfied with the actions taken by the provider to ensure the wellbeing and safety of people experiencing care.

Met - within timescales

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

To support the best possible outcomes for people and promote a culture of continuous improvement, the provider should work with others to implement a comprehensive improvement plan. To do this, the provider should, at a minimum:

- a) Establish improved oversight of all aspects of the service, including feedback from others, staff performance and staff learning and development.
- b) Create clearly defined and measurable actions where improvements have been identified.
- c) Establish clear lines of responsibility and accountability for identified improvements.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19);

and

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

This area for improvement was made on 7 June 2024.

Action taken since then

The provider had undertaken a self-evaluation of the service, in which they reviewed their achievements and detailed further developments in an improvement plan. Key points were identified including staff training and improvements to the service's matching process. The provider had begun to use feedback from people experiencing care, care homes using the service and staff to inform the plan. Clear lines of responsibility and

accountability for identified improvements were established.

Most areas identified for improvement had been highlighted in the previous inspection. Some actions had been achieved or were well progressed. We look forward to seeing how the provider develops their improvement plan in the future.

This area for improvement is met.

Previous area for improvement 2

To make sure people can influence improvements to the nurse agency the manager should seek feedback and encourage nurses to gather information from people experiencing care. A systematic approach to gathering and using this information would help the agency to continually improve in areas important to their clients.

The Health and Social Care Standards highlight that people should be able to influence improvements in the services they access:

I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve. (HSCS 4.8)

I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19)

This area for improvement was made on 7 November 2018.

Action taken since then

Since the last inspection, the provider has implemented a feedback form for people experiencing care to complete whilst they are being supported by the agency nurses. The form is easily accessible and uses visual images to help keep the process straightforward. The provider shared several examples of completed feedback forms, where people expressed that they were either very happy with their care and support or they felt it was excellent.

This demonstrated how people experiencing care were consulted and their views and preferences were listened to. We look forward to seeing how the provider further develops their feedback process and uses the information to further develop the service.

This area for improvement is met.

Previous area for improvement 3

To make sure that people experiencing care and the care home manager know they can complain to the service and the Care Inspectorate, all contracts should make this clear. Contact details for the Care Inspectorate should be included in the contract and the complaint policy. Any existing contracts should be complemented with correspondence about how to complain to the Care Inspectorate.

The Health and Social Care Standards highlight that care should be responsive and supportive and have been taken account of in making this area for improvement:

If I make a complaint it is acted on. I know how, and can be helped, to make a complaint or raise a concern about my care and support. (HSCS 4.20)

If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me. (HSCS 4.21)

This area for improvement was made on 7 November 2018.

Action taken since then

The provider had amended their service agreement for clients (care homes), to include details of how they can make a complaint. Contact details for the provider, the Care Inspectorate, the Scottish Public Services Ombudsman, police and each local authority are listed on the service agreement. Therefore, clients can be clear about how they can make a complaint and who they can contact to do this.

This area for improvement is met.

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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