

Announced Care Inspection Report 9 March 2021



Medlocums Recruitment Limited

Type of Service: Nursing Agency
Address: 9 New Street, London, EC2M 4TP
Tel No: 020 3995 4406
Inspector: Joanne Faulkner

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Medlocums Recruitment Ltd is a nursing agency whose registered office is located in England. At the time of the inspection the agency was supplying registered nurses to a number of hospitals in the Belfast Health and Social Care Trust (BHSCT).

3.0 Service details

Organisation/Registered Provider: Medlocums Recruitment Limited Responsible Individual: Mr Christopher Wood- registration pending	Registered Manager: Miss Langelihle Dube
Person in charge at the time of inspection: Miss Langelihle Dube	Date manager registered: 12 November 2018

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 16 January 2020. Since the date of the last care inspection, RQIA was not informed of any notifiable incidents which had occurred within the agency in accordance with regulations. Having reviewed the agency's regulatory history, and in the absence of RQIA not being made aware of any specific risk to the patients who receive care from the agency, the decision was made to undertake a remote inspection, to reduce any risk in relation to the spread of Covid-19.

An announced inspection took place on 9 March 2021 from 11.00 to 12.20 hours.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by the inspector in advance of the inspection. The inspection focused on discussing aspects of the submitted information, in order to substantiate the information. We contacted stakeholders to obtain their views on the service quality.

We reviewed the dates that criminal records checks (AccessNI) for staff employed by the agency had been completed to ensure that they were in place before staff were supplied to patients. We checked that all staff were registered with the Nursing and Midwifery Council (NMC) and that there was a system in place for ongoing monitoring of staff registration status.

Staff adherence to the Covid-19 Guidance was also reviewed through discussion with a number of staff and patients. In addition, we reviewed Covid-19 related information which had been provided to staff.

One area requiring improvement was identified during this inspection with regards to the agency's quality monitoring process.

Evidence of good practice was found in relation to recruitment practices and staff registrations with the NMC. Good practice was also found with regards to Infection Prevention and Control (IPC); it was evidenced that staff had been adhering to the current Covid-19 guidance on the use of Personal Protective Equipment (PPE).

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Miss Langelihle Dube, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 16 January 2020.

No further actions were required to be taken following the most recent inspection on 16 January 2020.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report and any written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using video technology, with the manager and the compliance officers.

During our inspection we focused on contacting the staff and Health and Social Care Trust (HSCT) representatives to obtain their views on the quality of the service provided.

To ensure that the required pre-employment checks were in place before staff visited patients, we reviewed the following:

- Recruitment records specifically relating to Access NI checks and NMC registrations.

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance.

We discussed any complaints and incidents that had been received by the agency with the manager.

RQIA provided information requesting feedback from staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for staff, to feedback to the RQIA.

We would like to thank the registered manager, the compliance officers and staff for their support and co-operation throughout the inspection process.

6.0 What people told us about this agency

The feedback received indicated that people were satisfied with the current care provided.

During the inspection we spoke with the manager and two compliance officers, with the use of video technology.

Following the inspection we spoke with a number of registered nurses. Comments are detailed below:

Staff

- “I find it okay, training is provided.”
- “I am working in the RVH on a long term placement. I am on the ward working with Covid patients. I have got the necessary training on the ward.”
- “I can report issue to ***** (manager) and the co-ordinator.”
- “I have no issues at present.”
- “Manager very supportive and approachable.”
- “I can speak to the manager anytime.”
- “I am working on a Covid ward and have received all the help and support from the ward team.”
- “I have no concerns, I am happy.”

Three staff responded to an electronic survey; however no comments were received.

7.0 Inspection

7.1 Inspection findings

Recruitment

Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 12, Schedule 2 and Standard 4. The review of the agency's staff recruitment records specifically relating to Access NI checks confirmed that the checks were managed in accordance with the regulations and minimum standards and completed before staff members commence employment and direct engagement with patients.

A review of the records confirmed that all registered nurses provided by the agency are currently registered with the NMC. We noted that there was a system in place each month for monitoring staff registrations. The manager stated that staff are not permitted to work if their professional registration lapses.

Covid-19

Discussion with the manager and staff identified that they had a good understanding of the procedures to follow whilst providing care to patients and in the event of patients or staff being diagnosed with Covid-19. Staff stated that they had received training in the areas that they had been supplied to.

Staff confirmed that they had been provided with a range of information with regards to Covid-19 specifically relating to IPC, Covid-19 awareness and environmental cleanliness. This also included guidance on the donning (putting on) and doffing (taking off) of PPE. The manager stated that information with regards to Covid-19 is emailed to staff as required. The policies and procedures had been updated to include Covid-19 guidance

It was identified that staff had been supplied on long term placement since the start of the Covid-19 pandemic. Staff we spoke with described how they wore PPE for activities that brought them within two metres of the patient. Staff reported that there was a good supply of PPE and arrangements for appropriate safe disposal of PPE in the areas that they are currently working. Staff who spoke with us were knowledgeable in the donning and doffing procedures.

The manager advised that the HSCT's have been very supportive to them with regards to providing Covid-19 specific training, guidance and vaccine programmes for the staff. It was noted that PPE, IPC and handwashing compliance is completed in the areas staff are supplied to; the manager is informed of any issues with compliance.

The agency has provided staff with the organisation's hand hygiene policy. Staff stated that there were adequate arrangements to ensure that good handwashing techniques could be adhered to; hand sanitisers were available in all the areas they are currently supplied to.

Governance and Management Arrangements

The agency's provision for the welfare, care and protection of patients was reviewed. On the day of the inspection we were informed that since the last inspection the agency made no referrals with regards to adult safeguarding. Discussions with the manager indicated that they had a clear understanding of the process to be followed with regards to reporting adult safeguarding matters. Staff who spoke to us demonstrated that they had a clear understanding of the actions to be taken with regards to reporting matters relating to allegations of abuse.

We reviewed incidents that had occurred since the previous inspection and noted that the agency had dealt with the incidents in accordance with the required regulations and their own policy and procedures.

The agency maintains a policy relating to complaints and compliments. From discussions with the manager it was identified that no complaints have been received by the agency since the previous inspection.

We identified that although compliance checks were completed on a monthly basis a quality monitoring report had not been completed for a number of months prior to the inspection. This was discussed with the person in charge and an area for improvement identified.

Areas of good practice

Evidence of good practice was found in relation to staff recruitment practices and staff registrations with the NMC. Good practice was found in relation to IPC; staff had been adhering to the current Covid-19 guidance on the use of PPE.

Areas for improvement

One area for improvement was identified during this inspection with regards to quality monitoring.

	Regulations	Standards
Total number of areas for improvement	1	0

8.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Langelihle Dube, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

8.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

8.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 20.-(1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency.</p> <p>(2) The registered person shall supply to the Regulation and Improvement Authority a report in respect of any review conducted by him for the purposes of paragraph (1) and shall make a copy of the report available upon request for inspection by service users and persons acting on behalf of service users.</p> <p>(3) The system referred to in paragraph (1) shall provide for consultation with service users and persons acting on behalf of service users.</p> <p>(4) The registered manager shall ensure that the agency delivers services effectively on a daily basis and reports as required to the registered person.</p> <p>A copy of the monthly quality monitoring report shall be forwarded to RQIA by the 10th of each month until further notice.</p> <p>Ref: 7.1</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager and Medlocums Agency would like to firstly extend their thanks to the Inspector and RQIA for their clear communication and collaborative approach throughout the inspection process. The Registered Manager hereby confirms that the report outlined above is an accurate account of the inspection and has no amendments to request.</p> <p>At the time of the inspection, although quality data was held and overseen by The Registered Manager, the Monthly Quality Monitoring reports were not completed and therefore unavailable for inspection. The Agency and Registered Manager acknowledge and accept that this was a gap and that full compliance ultimately supports Medlocums to fulfil responsibilities, enhance practice and patients' experience.</p> <p>This areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the registered manager, by the inspector as part of the inspection process. Remedial action taken in March 2021 included:</p> <ol style="list-style-type: none"> 1) With reference to collated data, the Registered Manager retrospectively compiled Monthly Quality Monitoring Reports for the preceding 3 months and submitted them to RQIA for inspection.
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| | <ol style="list-style-type: none">2) To further strengthen the system for reviewing at appropriate intervals the quality of services provided by the agency, the data and learning outcomes from the report we have implemented a Monthly Quality Review Meeting chaired by The Registered Manager.3) Quality Monitoring Reports for March and April have now been submitted to the RQIA and The Agency and Registered Manager hereby commit to forwarding a copy of the monthly report to RQIA by the 10th of each month until further notice.4) A more detailed Governance and Quality Review Report with a tracked action plan has been completed and a copy can be made available to RQIA on request. |
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