



Announced Care Inspection Report 13 May 2021



MedGen Ltd

Type of Service: Nursing Agency

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Assurance, Challenge and Improvement in Health and Social Care

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

MedGen Ltd is a nursing agency; the agency's office is located in Sutton. At the time of the inspection the agency was supplying one registered nurse to the Northern Health and Social Care Trust (NHSCT).

3.0 Service details

Organisation/Registered Provider: MedGen Ltd Responsible Individual: Mr Frank Agugoesi	Registered Manager: Mrs Rachel Fletcher
Person in charge at the time of inspection: Mrs Rachel Fletcher	Date manager registered: 01/05/2019

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 7 March 2019. An inspection was not undertaken in the 2020-2021 inspection years, due to the impact of the first surge of Covid-19. Having reviewed the agency's regulatory history, the decision was made to undertake a remote inspection.

An announced inspection took place on 13 May 2021 from 10.00 to 11.30 am.

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 reviewed the dates that criminal records checks (AccessNI) for staff employed by the agency had been completed. We checked that nursing staff were registered with the Nursing and Midwifery Council (NMC) and that there was a system in place for ongoing monitoring of 20to staff.

Four areas for improvement identified during the previous inspection were assessed as not met and have been stated for a second time. In addition, two areas requiring improvement were identified during this inspection with regards to the agency's quality monitoring process and staff recruitment.

Evidence of good practice was found in relation to staff registrations with the NMC and Infection Prevention and Control (IPC).

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	2	4*

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Rachel Fletcher, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

*Four areas for improvement identified during the previous inspection were assessed as not met and have been stated for a second time.

In addition two areas for improvement were identified during this inspection with regards to the agency's quality monitoring process and AccessNI checks for staff.

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

4.2 Action/enforcement taken following the most recent care inspection dated 7 March 2019

The completed QIP was returned and approved by the care inspector.

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 QIP 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.

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

- Recruitment records specifically relating to AccessNI checks and NMC registrations.

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

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 and registered person for their support and co-operation throughout the inspection process.

6.0 What people told us about this agency

Staff and HSCT representatives responded to the electronic survey.

The feedback received indicated that people were satisfied with the current care provided. Their comments included:

- “I have worked for MedGen since early 2018 and have enjoyed watching the business go from strength to strength during my time here. Due to the skill and commitment of our clinical staff, along with the experience and expertise of our administrative teams, led and overseen by our Clinical Lead, we are one of just a few providers truly capable of effectively looking after some of these high level patients.”
- “Care and compassion are at the heart of what we strive to deliver as a business.”

7.0 Inspection

7.1 Review of areas for improvement from the last care inspection dated 7 March 2019

Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for improvement 1 Ref: Standard 9.1 Stated: First time To be completed by: Upon return of completed Quality Improvement Plan	The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with regional policies and procedures. Ref: 6.0	Not met
	Action taken as confirmed during the inspection: The agency’s Adult Safeguarding Policy was reviewed; it was noted that it did not contain details of the current regional policies and procedures. This area for improvement is stated for a second time.	

<p>Area for improvement 2</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: Upon return of completed Quality Improvement Plan</p>	<p>The registered person shall ensure the complaints policy and procedure is reviewed and is accordance with regional guidance.</p> <p>Ref: 6.0</p>	Not met
<p>Action taken as confirmed during the inspection: The agency's complaints policy was reviewed; it was noted that it was not in accordance with regional guidance and regulations. This area for improvement is stated for a second time.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 1.12</p> <p>Stated: First time</p> <p>To be completed by: Upon return of completed Quality Improvement Plan</p>	<p>The registered person shall ensure the quality monitoring policy includes the arrangements in place for the registered person to monitor the quality of the service and complete a monitoring report on a monthly basis.</p>	Met
<p>Action taken as confirmed during the inspection: The agency's policy for the Management, Control and Monitoring of the Nursing agency was reviewed. It details the process for monitoring the quality of the service and the completion of a monthly report.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p> <p>To be completed by: Upon return of completed Quality Improvement Plan</p>	<p>The registered person shall ensure the staff induction policy includes the arrangements in place for staff to complete a structured orientation and induction.</p>	Not met
<p>Action taken as confirmed during the inspection: The agency's induction policy was reviewed. It is required to be further reviewed by the agency to include a detailed account of the induction provided to registered nurses employed.</p> <p>In addition details of the safeguarding training were noted not to be in accordance with adult safeguarding regional policies and procedures.</p>		
<p>This area for improvement is stated for a second time.</p>		

Area for improvement 5 Ref: Standard 6.3 Stated: First time To be completed by: Upon return of completed Quality Improvement Plan	The registered person shall ensure the staff training policy includes the arrangements in place to ensure the mandatory and other training needs of staff is met.	Not met
	Action taken as confirmed during the inspection: The agency's staff training and development policy was reviewed. It was noted that reference was not made to training relating to Deprivation of Liberty Standards (DOLS). This area for improvement is stated for a second time.	

7.2 Inspection findings

Recruitment

The agency currently has one registered nurse employed. The review of the agency's staff recruitment records specifically relating to AccessNI checks confirmed that the agency had requested the check for the staff member following their commencement of employment. It was noted that the agency had accepted an AccessNI completed within the previous four months by the registered nurses then current employer. It was discussed with the registered manager the need to ensure that AccessNI checks are completed for staff prior to their supply; the manager provided assurances that this would be implemented for any new staff; they stated that AccessNI checks will be completed annually for all staff. An area for improvement was made in regards to this matter.

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

Covid-19

Discussion with the manager 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. It was identified that the registered nurse employed had received training in the areas that they had been supplied to.

The manager stated that the staff member supplied 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 Personal Protective Equipment (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 the staff member had been supplied on long term placement since the start of the Covid-19 pandemic.

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

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. It was identified that staff are required to complete adult safeguarding training.

Discussions with the manager indicated that no incidents had occurred since the previous inspection.

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. 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 registrations with the NMC and IPC.

Areas for improvement

Two areas for improvement were identified during this inspection with regards to quality monitoring process and staff recruitment processes.

	Regulations	Standards
Total number of areas for improvement	2	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 Mrs Rachel Fletcher, 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) Stated: First time To be completed by: Immediate and ongoing from the time of inspection	The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency. A monthly report of the review of the quality of the service should be completed. Ref: 7.2
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Regulation 12 (1)(d) Schedule 3 Stated: First time To be completed by: Immediate and ongoing from the time of inspection	The registered person shall ensure that no nurse is supplied by the agency unless – (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This relates specifically to Access NI checks being completed for all new staff. Ref: 7.2
	Response by registered person detailing the actions taken:
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
Area for improvement 1 Ref: Standard 9.1 Stated: Second time To be completed by: Immediate and ongoing from the time of inspection	The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with regional policies and procedures. Ref: 6.0 & 7.1
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 8 Stated: Second time To be completed by: Immediate and ongoing from the time of inspection	The registered person shall ensure the complaints policy and procedure is reviewed and is accordance with regional guidance. Ref: 6.0 & 7.1
	Response by registered person detailing the actions taken:

<p>Area for improvement 3</p> <p>Ref: Standard 6.1</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing from the time of inspection</p>	<p>The registered person shall ensure the staff induction policy includes the arrangements in place for staff to complete a structured orientation and induction.</p> <p>Ref: 6.0 & 7.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.3</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing from the time of inspection</p>	<p>The registered person shall ensure the staff training policy includes the arrangements in place to ensure the mandatory and other training needs of staff is met.</p> <p>Ref: 6.0 & 7.1</p>

Please ensure this document is completed in full and returned via Web Portal



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