

# Inspection Report

26 April 2023



## MedGen Ltd

Type of service: Nursing Agency

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> MedGen Ltd	<b>Registered Manager:</b> Not applicable
<b>Responsible Individual:</b> Mr Frank Agugoesi	<b>Date registered:</b> Not applicable
<b>Person in charge at the time of inspection:</b> Mr Frank Agugoesi	
<b>Brief description of the agency operates:</b>  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).	

## 2.0 Inspection summary

An announced remote inspection was undertaken on 26 April 2023 between 10.05 a.m. and 12.38 pm. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, service user involvement and the system for retaining records were also reviewed.

Areas for improvement identified related to the agency's quality monitoring process and staff supervision.

Good practice was identified in relation to the monitoring of nurses' registrations with the Nursing and Midwifery Council (NMC) and staff recruitment.

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.

For the purposes of the inspection report, the term 'service user' describes the hospitals or care homes, the agency's nurses are supplied to work in.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of nursing agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from service users that the agency takes all reasonable steps to promote people's rights. People in receipt of nursing care have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience their individual choices and freedoms.

Information was provided to service users and staff on how they could provide feedback on the quality of services. This included an electronic survey.

#### **4.0 What people told us about the agency?**

As part of the inspection process we spoke to a service user.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

##### **Service user's comments:**

- "We have one nurse supplied from the agency. I have no complaints regarding the agency. The agency has been responsive to matters raised. There is good communication from the agency."

There were no responses to the electronic survey.

#### **5.0 The inspection**

##### **5.1 What has this agency done to meet any areas for improvement identified at or since last inspection?**

The last care inspection of the agency was undertaken on 13 May 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 13 May 2021		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 20 (1)  <b>Stated:</b> First time	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.	Partially met
	<b>Action taken as confirmed during the inspection:</b> Review identified that these reports did not contain a full and robust analysis of the agency. This area for improvement is stated for a second time.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 12 (1) (d) Schedule 3  <b>Stated:</b> First time	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.	Met
	<b>Action taken as confirmed during the inspection:</b> Review of staff recruitment records evidenced that this area for improvement had been addressed.	
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 9.1  <b>Stated:</b> Second time	The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with regional policies and procedures.	Met
	<b>Action taken as confirmed during the inspection:</b> The agency's adult safeguarding policy was reviewed and found to be satisfactory.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 8  <b>Stated:</b> Second time	The registered person shall ensure the complaints policy and procedure is reviewed and is in accordance with regional guidance.	Met
	<b>Action taken as confirmed during the inspection:</b> The agency's complaints policy was reviewed and found to be satisfactory.	

<b>Area for Improvement 3</b> <b>Ref:</b> Standard 6.1 <b>Stated:</b> Second time	The registered person shall ensure the staff induction policy includes the arrangements in place for staff to complete a structured orientation and induction.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The agency's staff induction policy was reviewed and found to be satisfactory.	
<b>Area for Improvement 4</b> <b>Ref:</b> Standard 6.3 <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The agency's staff training policy was reviewed and found to be satisfactory.	

## 5.2 Inspection findings

### 5.2.1 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that pre-employment checks including criminal record checks (AccessNI), were completed and verified before registered nurses were supplied to the various health care settings.

It was positive to note that robust recruitment procedures were in place.

### 5.2.2 What are the arrangements to ensure robust managerial oversight and governance?

A review of the records confirmed that all registered nurses were appropriately registered with the NMC. Information regarding registration details, renewal and revalidation dates was monitored by the governance department; this system was reviewed and found to be in compliance with regulations and standards. The responsible individual confirmed that staff would not be permitted to work if their professional registration lapses.

The agency's arrangements for undertaking staff supervision was reviewed and identified that there was no formalised recording of supervisions undertaken with staff. An area for improvement has been identified in this regard.

There was a system in place to ensure that the registered nurses were placed into settings where their skills closely matched the needs of patients. Nurses were provided with training appropriate to the requirements of the settings in which they were placed.

This training included Deprivation of Liberty Safeguards (DoLS), adult safeguarding, National Early Warning Score (NEWS) and Infection Prevention and Control, as appropriate to their job roles.

The agency's provision for the welfare, care and protection of patients was reviewed. The responsible individual confirmed that since the last inspection that no referrals with regards to adult safeguarding were made.

Discussion with the responsible individual evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The quality monitoring processes were reviewed to ensure these arrangements were in line with Regulation 20 of Nursing Agencies Regulations (Northern Ireland) 2005. It was identified that these reports did not contain a full and robust analysis of the agency. The reports did not provide evidence that all key stakeholders were consulted regarding the quality of service. The monitoring officer did not review recruitment records or staff supervision. It was identified that any required actions or improvements were not being recorded. This area for improvement is stated for a second time.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs).

The alphabetical list of staff employed by the agency was up to date.

Records were retained in accordance with the Nursing Agencies Regulations.

The agency's registration certificate was up to date along with current certificates of public and employers' liability insurance.

We discussed the management arrangements for the agency. The responsible individual advised that a manager had recently been recruited and an application would be submitted to RQIA for registration as manager.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	0*

\* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the QIP were discussed with Mr Frank Agugoesi, Responsible Individual and the Clinical Lead Team Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection and ongoing	<p>The registered person shall ensure that each employee of the agency – (a) receives appropriate supervision;</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Since February 2023, we have not had any Medgen nurses booked for any shifts nor we had any new nurses beign recruited.</p> <p>Therefore there was no supervision delivered, however we have in place a Supervision programe that we will be using regularly once Medgen nurses will be booked for shifts within NI Trust.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediately from the date of inspection and ongoing	<p>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.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Since February 2023, we have not provided any Medgen nurses to the NI Trust and threfore there was no need for a review of the quality our service</p> <p>However, we have developed a Monthly Quality Assurance system that will resume as soon as work recommences within NI Trust</p>

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





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