

# Inspection Report

14 June 2021









# **MPA** Healthcare

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

Organisation/Registered Provider: Registered Manager:

MPA Healthcare Mrs Sandra Cathy Docherty

**Responsible Individual:**Mrs Mary Pat O'Kane

Date registered:
27 December 2019

Person in charge at the time of inspection: Mrs Sandra Cathy Docherty

#### **Brief description of the agency operates:**

This is a nursing agency which supplies nurses to hospitals and nursing homes throughout the province.

#### 2.0 Inspection summary

The care inspector undertook an announced inspection on 14 June 2021 from 10.00 am to 2.00 pm.

The inspection focused on staff recruitment and the agency's governance and management arrangements.

Progress with any areas for improvement identified during and since the last inspection were reviewed

Good practice was identified in relation to appropriate checks being undertaken before nurses were supplied to the various health care setting and on an annual basis thereafter. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

No areas for improvement were made.

Service users said that they were satisfied with the standard of the nurses being supplied and the responsiveness of the agency to any issues that may occur.

Concluding statement RQIA were assured that this agency supplies nurses who are providing safe, effective and compassionate care; and that the agency is well led.

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

#### 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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and Quality Improvement Plan (QIP), notifiable incidents and written and verbal communication received since the previous care inspection.

The inspection focused on contacting the service users and staff to find out their views on the agency and reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how registered nurses' registrations with the Nursing and Midwifery Council (NMC) were monitored by the agency.

The area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 20.

Information was provided to service users, staff and other stakeholders to request feedback on the quality of service provided. This included an electronic survey to enable staff and service users to feedback to the RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

# 4.0 What people told us about the agency?

The information provided by service users indicated that service users were satisfied with the standard of the nurses being supplied and the responsiveness of the agency to any issues that may occur. Comments received included:

- "The standard of the nurses provided by MPA is very good and they complete and review
  the nurse in charge competency. Any issues/concerns raised with the agency are dealt with
  in a timely manner and I feel well supported".
- "We use one nurse from MPA Agency. She is a very experienced nurse. I have not raised any issues regarding this nurse."
- "We often use MPA for nurse shifts, especially (Name of nurse) who is an excellent nurse, hard-working, enthusiastic and reliable."
- "I have no issues with the agency. Bookings are managed through the correct process and any incident/complaints are dealt with timely and appropriately. We have a very good working relationship with MPA. Through Covid, the agency worked very hard to help meet our needs in the Trust."

- "I currently have no concerns regarding these staff. I have always found MPA to be very responsive to our needs when they have available nurses, and should I have any issues, they are quick to respond and assist where necessary."
- "I only had to request one nurse recently due to long term sickness; MPA was prompt in recruiting a nurse".
- "I find overall the standard of nurses supplied by MPA to be of a high standard. If we do
  have concerns or are not happy with standards, the agency are responsive they listen to us
  and act accordingly".

One comment was received in relation to a specific nurse. Given that the majority of the feedback was excellent, this comment was relayed to the manager for review and action as appropriate.

No staff responded to the electronic questionnaire.

# 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 inspection of the agency was undertaken on 22 March 2019 by a care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector and will be validated during this inspection.

Areas for improvement from the last inspection on 22 March 2019		
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for improvement  1  Ref: Standard 1.12  Stated: First time	The registered person shall ensure the monthly monitoring reports are completed by the registered person or a person delegated by them and counter signed by the registered person as having overall responsibility for the management and control of the agency.	
To be completed by: 30 April 2019	Action taken as confirmed during the inspection: Review of the monthly quality monitoring reports identified that they had been counter signed by the registered person.	Met

### 5.2 Inspection findings

### 5.2.1 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before nurses are supplied to the various health care settings. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

There was a good system in place to ensure that the nurses' skills were appropriately placed. Nurses were provided with training appropriate to the requirements of the hospitals they were being placed in. This included DoLS' training appropriate to their job roles.

The manager had a robust system in place to monitor alerts issued by the Chief Nursing Officer (CNO) for Northern Ireland. This indicates that the appropriate checks are undertaken before the nurses are employed.

#### 5.2.2 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 20 of Nursing Agencies Regulations (Northern Ireland) 2005. The agency had recently started using the new template which had been issued by RQIA. Advice was given in relation to how this could be used more effectively. This advice was welcomed by the manager who agreed to make the necessary changes going forward.

Review of records confirmed that any safeguarding incidents had been managed appropriately. There was one safeguarding incident which was still open to investigation by the HSCT. This matter will be reviewed at the next inspection, to ensure the matter is concluded.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. All staff had completed training in relation to Adult Safeguarding procedures. The Annual Safeguarding Position report was unavailable. This was discussed with the manager who agreed to source the recommended template. This will be reviewed at the next inspection.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's), Significant Event Analysis's (SEA's) or Early Alerts (EA's).

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

A review of the records confirmed that all staff provided are appropriately registered with the Nursing and Midwifery Council (NMC). Information regarding registration details, renewal and revalidation dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

#### 6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this agency is providing safe and effective care in a caring and compassionate manner; and that the agency is well led by the manager/management team

# 7.0 Quality Improvement Plan/Areas for Improvement

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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