

# Unannounced Care Inspection Report 22 March 2019



## MPA Healthcare

**Type of Service: Nursing Agency**  
**Address: 18 Great James Street, Londonderry, BT48 7DA**  
**Tel No: 02871360070**  
**Inspector: Bridget Dougan**

[www.rqia.org.uk](http://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 from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

<b>Registered organization /registered person:</b> MPA Healthcare/Mary Pat O’Kane	<b>Registered manager:</b> Kieran Philip McLaughlin
<b>Person in charge of the home at the time of inspection:</b> Ciara Campbell, Operations Manager	<b>Date manager registered:</b> 15 October 2015

### 4.0 Inspection summary

An unannounced inspection took place on 22 March 2019 from 13.00 to 16.00.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to a number of areas of service delivery including recruitment, induction, staff training, supervision and consultation with key stakeholders.

An area requiring improvement was identified in respect of the monthly quality monitoring reports.

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.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with the operations 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 27 October 2017

No further actions were required to be taken following the most recent inspection on 27 October 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report
- record of notifiable events since the previous inspection
- record of complaints notified to the agency

On the day of inspection the inspector spoke with the operations manager, healthcare manager and two administration staff.

At the request of the inspector, the operations manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of this report.

The following records were examined during the inspection:

- A range of policies and procedures regarding recruitment, induction, staff supervision and appraisal, safeguarding adults, safeguarding children, whistleblowing, record keeping, confidentiality and incidents management.
- Statement of purpose.
- Service user guide.
- Three staff members' recruitment records.
- Three staff members' training records.
- Staff Nursing and Midwifery Council (NMC) registration checking process.
- A range of quality monitoring reports
- Complaints.
- Compliments.
- Incidents.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 27 October 2017

The most recent inspection of the agency was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 27 October 2017

No further actions were required to be taken following the most recent inspection on 27 October 2017.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be compliant with related regulations and standards.

The operations manager explained the procedure for checking staff registrations with the Nursing and Midwifery Council (NMC). This included an electronic tracking system which is closely monitored by the agency administrator.

The operations manager described the procedure in place for matching appropriately skilled and experience of staff to the commissioned placement. This was documented within individual staff profiles. A copy of the profile is forwarded to the commissioning service detailing qualifications, skills and experience of the staff allocated to the placement.

The provision of staff training was discussed with the operations manager who explained that mandatory training was provided and in addition other training relevant to the nurse placement. Records of mandatory training were retained in hard copy format and electronically. Staff records reviewed contained evidence of training provided.

A record of induction provided to staff is maintained; records viewed outline the information and support provided to staff during the induction process. Staff are provided with induction information which was noted to include the agency's staff handbook, a job description and key policies. The agency requires that staff also receive an induction at the commencement of each work placement.

The operations manager explained the procedure and electronic systems in place to monitor the performance of staff. This was reflected within the agency policy/procedure which included the provision of supervision and appraisal, training. Re-assessment of skills, experience and competency with each nurse is undertaken and recorded by the registered manager.

The inspector reviewed the agency’s provision for the welfare, care and protection of patients. It was identified that the agency’s policy and procedures reflect information contained within the DHSSPS regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ issued in July 2015. The manager is the identified Adult Safeguarding Champion.

Registered nurses employed by the agency are provided with information relating to the agency’s safeguarding and whistleblowing policies during their induction and in the agency’s staff handbook. Training records viewed indicated that staff had completed appropriate training in relation to adult protection.

The operations manager could describe the procedure for reporting any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they are required to be involved in.

The manager explained the systems in place to seek, record, monitor and retain service user comments regarding the quality of care provided by the agency. Methods included for example; agency staff and provider satisfaction surveys; regular audits of service provision and monthly quality monitoring visits.

The agency’s registered premises are suitable for the operation of the agency as described in the Statement of Purpose.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, supervision, audit and staff training and support.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

During the inspection the inspector reviewed that agency’s arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose and Service User Guide.

The agency’s management of records and information policy details the process for the creation, storage, retention and disposal of records; it was noted from documentation viewed that records are maintained in an organised and secure manner and in accordance with legislation, standards and the organisational policy.

Discussions with the operations manager and records viewed evidenced that the agency has systems in place to monitor, audit and review the effectiveness and quality of the service provided to service users. The systems include processes for the review of training, complaints, incidents, safeguarding referrals and in addition audits of service user feedback and documentation.

A sample of monthly monitoring reports for December 2018, January 2019 and February 2019 was reviewed and included analysis of incidents, complaints, training and feedback from a sample of key stakeholders. The reports had been completed by the registered manager. The inspector advised that the monthly monitoring reports should be completed by the registered person or a person delegated by them and counter signed by the responsible person as having overall responsibility for the management and control of the agency. An area for improvement has been identified.

Processes to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection.

Discussions with the operations manager indicated that the agency seeks to maintain effective working relationships with service users. The operations manager stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of nurses provided.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to records, audits and reviews, communication between service users and agency staff and other key stakeholders.

**Areas for improvement**

An area for improvement was identified in respect of the monthly quality monitoring reports.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussions with the operations manager and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation.

It was identified that staff are provided with information relating to confidentiality during their induction programme. The agency also has a system for recording training completed and for highlighting when training updates are required.

The agency has processes in place for obtaining the views of service users in relation to staff performance and attitude.

On call arrangements are in place to ensure that nurses and service users can report concerns they may have regarding a placement or to access support and guidance.

The agency’s ‘Whistleblowing Policy’ outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

The operations manager also described the processes for receiving feedback from service users following the provision of staff nurses. Formal processes to record and respond to service user feedback are maintained through the agency’s complaints and quality monitoring processes.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector reviewed the agency’s management and governance systems in place to meet the needs of service users.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff. It was noted that at the commencement of employment staff are provided with a job description which outlines the responsibilities of their role.

A range of policies and procedures were in place which directs the quality of services provided by the agency. Policies/procedures were readily available, centrally indexed and compiled into a policy file. Policies and procedures were ratified and signed by the registered manager, with review dates recorded. Electronic versions of policies and procedures were also available for inspection and to agency staff.



Records viewed and discussions with the operations manager indicated that the agency’s governance arrangements promote the identification and management of risk. These include provision of relevant policies and procedures; monthly audit of registration status with the NMC, staff training, complaints, incidents and safeguarding.

The monthly monitoring reports are completed by the manager and an area for improvement has been made under section 6.5.

The Statement of Purpose and Service User Guide are kept under review.

Discussion with the operations manager indicated that there is evidence of collaborative working relationships with service users. The agency has a process for ensuring that they actively seek feedback from service users when staff has been provided; the inspector viewed feedback received by the agency and noted that they contained a range of positive comments in relation to the service provided.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ciara Campbell, operations 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.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Nursing Agencies Minimum Standards, 2008.

## **7.2 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 Minimum Standards, 2008

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 1.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2019</p>	<p>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.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> MPA have actioned this, we have added an additional line onto the monthly monitoring reports they will now be counter signed by the registered person as well as the signature from the responsible person.</p>

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



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