



The Regulation and
Quality Improvement
Authority

Nursing Agency Inspection

Name of Nursing Agency: MPA Healthcare
Nursing Agency ID No: 10683
Inspection No: 20903
Date of Inspection: 27 January 2015
Inspector's Name: Michele Kelly

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

General Information

Name of agency:	MPA Healthcare
Address:	18 Great James Street Londonderry BT48 7DA
Telephone number:	(028) 7136 0070
E mail address:	info@mparecruitment.co.uk
Registered organisation/ Registered provider:	MPA Healthcare Mrs Mary O'Kane
Registered manager:	Ms Pamela Boyd
Person in Charge of the agency at the time of inspection:	Ms Pamela Boyd
Categories of care:	Nursing Agency
Number of registered nurses, health visitors and midwives on the agency's books:	57
Date and type of previous inspection:	Announced Inspection 18 February 2014
Date and time of inspection:	27 January 2015 9.30am to 12.30pm
Name of inspector:	Michele Kelly

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing agencies. A minimum of one inspection per year is required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of the nursing agency's service, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (July 2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- File audit
- Evaluation and feedback.

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Nursing Agencies Minimum Standards:

- **Standard 2:**
There are policies and procedures in place that direct the quality of services provided by the nursing agency.
- **Standard 3:**
Clear, documented systems are in place for the management of records in accordance with legislative requirements.

The inspector rated the centre's compliance level against each criterion.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 – Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 – Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

MPA Recruitment operates as a healthcare recruitment agency to institutions and organizations that require the services of registered nurses, support workers, care assistants and ancillary staff. MPA recruitment operates out of four offices throughout Northern Ireland and provides 24 hour healthcare. The head office is in Derry with three branch offices, one in Coleraine, Omagh and Belfast.

The agency currently has 53 nurses available for temporary placement to hospitals and nursing homes, prison service and GP practises throughout the province.

Ms Pamela Boyd is the Registered Manager of MPA Recruitment, and Mrs Mary Pat O’Kane is the Registered Provider.

The inspector was advised that Ms Boyd is also employed in the accident and emergency department at Altnagelvin Hospital as a registered nurse.

Summary of Inspection

This is the annual unannounced inspection report for MPA Healthcare which was undertaken on 27 January 2015 by Michele Kelly from the Regulation and Quality Improvement Authority (RQIA) starting at 9.30am and finishing at 12.30pm.

The inspection sought to establish the compliance being achieved with respect of: The Nursing Agencies Regulations (Northern Ireland) 2005, the DHSSPS Minimum Standards for Nursing Agencies (2008).

To validate compliance levels for two of the above standards, the inspector had a lengthy discussion with the registered manager and undertook a review of relevant documentation held at the nursing agency. Feedback was provided at the end of the inspection to the registered manager and the healthcare manager.

The Registered Manager, Ms Pamela Boyd was in attendance throughout the inspection.

The certificates of registration and indemnity insurance were clearly displayed within the premises.

Robust systems were in place to recruit staff as outlined in the recruitment policy and procedures. Eight personnel files reviewed were found to be fully compliant with the legislation and systems were in place to check the registration status of nurses with the NMC.

The previous inspection occurred on 18 February 2014 and resulted in four recommendations. Review of these four matters showed compliance.

The focus for this inspection was to examine a selected number of criteria from the following standards extracted from the minimum standards documentation for nursing agencies 2012:

- **Standard 2:**
There are policies and procedures in place that direct the quality of services provided by the nursing agency.

A review of five criteria for this standard evidenced that there are policies and procedures in place in accordance with Appendix 3: The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (2008) Policies are centrally indexed and three policies were viewed on the day of inspection. These had been dated and signed and were subject to at least three yearly review by the registered provider and manager. The manager discussed how feedback from nurses and clients would help inform policy and procedure.

The agency was judged to be 'compliant' with this standard.

- **Standard 3:**
Clear, documented systems are in place for the management of records in accordance with legislative requirements.

A review of seven criteria for this standard evidenced that systems are in place for the management of records in accordance with legislative requirements. The agency has a Management of Records and Information policy which sets out arrangements for the creation, use and storage of records.

The agency was judged to be 'compliant' with this standard

One recommendation is made and relates to improved recording of the decision in relation to placement of nurses. This is discussed in the additional information section of the report and in the appended Quality Improvement Plan.

The inspector would like to extend her gratitude to Ms Pamela Boyd and the staff of MPA Healthcare for the hospitality and contribution to the inspection process.

Follow-Up on Previous Issues from Pre-Registration Inspection

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	10.1	<p>The nursing agency part of MPA Recruitment should be clearly defined within the statement of purpose. The registered provider can address this recommendation by devising a separate Statement of Purpose document, or amending the current one to reflect the nursing agency service provision.</p>	<p>Statement of Purpose has been revised to clearly define the nursing agency part of the business.</p>	Compliant
2	1.2	<p>Quality monitoring procedures should be updated to include:</p> <ul style="list-style-type: none"> • The range of methods used by the agency to seek comments/views from people who use the service. • The purpose, process, who is responsible for quality monitoring, dissemination of findings and ways of addressing any deficits identified. 	<p>This policy and procedure has been updated and the agency seeks monthly comments from people who use the service. There is also a quarterly customer satisfaction survey, and information from quality monitoring is disseminated at staff meetings, through a company newsletter and on the web site.</p>	Compliant
3	1.13	<p>Monthly monitoring reports should be completed and made available on request.</p> <p>There should be a paper/audit trail detailing how information is gathered for the monthly monitoring report, service users' comments anonymised and the actions taken to address the deficits identified detailed.</p>	<p>Monitoring reports are compiled each month.</p>	Compliant

4	6.5	Clinical supervision sessions be provided to nurses on the regular basis.	The process of clinical supervision began following the last inspection and is ongoing.	Compliant
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Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed: 2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in accordance with statutory requirements.	Compliance Level
Provider's Self Assessment:	
All MPA policies and procedures as identified in Appendix 3 are in place and in accordance with statutory requirements.	Compliant
Inspection Findings:	
There are policies and procedures in place as identified in Appendix 3 for the management of the nursing agency and supply of nurses in accordance with statutory requirements. The inspector viewed three policies; Absence of the Registered Manager, Orientation and Induction and Management and Control of Operations. These policies had been reviewed by the registered manager and provider and were dated and signed on 6 February 2014.	Compliant
Criterion Assessed: 2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.	Compliance Level
Provider's Self Assessment:	
MPA welcome and encourage feedback form our staff, service users and clients and if appropriate we will update, amend or change policies/procedures accordingly.	Compliant
Inspection Findings:	
The quality of services is monitored by the registered person on an ongoing basis through evaluations completed by clients and agency nurses. These are recorded monthly in a monitoring report. The registered manager also makes regular contacts with clients regarding the quality of service provided by the agency. Information obtained from formal and informal contacts is used to ensure service improvement and may influence the development of policy and procedures. The manager discussed how feedback from clients regarding the on call service at weekends was just average, this resulted in the agency responding by extending opening hours and ensuring weekend cover in the office.	Compliant

Criterion Assessed: 2.3 Policies and procedures are centrally indexed and compiled into a policy manual.	Compliance Level
Provider's Self Assessment: All MPA policies and procedures are centrally indexed and compiled into a policy manual and safely stored.	Compliant
Inspection Findings: On the day of inspection Policies and procedures are centrally indexed and available in a policy manual in accordance with Appendix 3.	Compliant
Criterion Assessed: 2.4 Policies and procedures are dated when issued, reviewed or revised.	Compliance Level
Provider's Self Assessment: All policies and procedures are dated when issued and dated when reviewed or revised. This can be evidenced in our policy and procedure manual.	Compliant
Inspection Findings: All policies and procedures are dated when first issued and any reviews or revisions are also dated and signed.	Compliant
Criterion Assessed: 2.5 Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or introduction of new policies and procedures.	Compliance Level
Provider's Self Assessment: All policies and procedures at MPA are subject to a systematic three yearly review. this is recorded in the policy manual.	Compliant
Inspection Findings: The inspector viewed the policy manual and it was evident that policies are reviewed at least three yearly. The registered manager and the registered person are involved in all reviews of policies and procedures. It was evident that the registered provider is responsible for the ratification of revisions to existing policies and the introduction of new policies and procedures.	Compliant

Standard 3:	
Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed: 3.1 Where agency nurses are supplied to provide nursing care to private patients in their own homes those patients have access to their records in accordance with the Data Protection Act 1998.	Compliance Level
Provider's Self Assessment: Not applicable as MPA do not provide nursing care to patients in their own homes.	Provider to complete
Inspection Findings:	Not applicable
Criterion Assessed: 3.2 The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliance Level
Provider's Self Assessment: MPA policies and written procedures for the management of records details arrangements for the creation, use, retention, storage, transfer, disposal of and access to records. All in house staff are trained on the management of records and supported in the appropriate use of all MPA's documents and records.	Compliant
Inspection Findings: The Management of Records and Information Policy contain detail and guidance for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliant

<p>Criterion Assessed: 3.3 Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.</p>	<p>Compliance Level</p>
<p>Provider's Self Assessment: All records are available in the nursing agency for inspection, including all financial records, training records, appraisal, competency and clinical supervision records, complaint and incident records. quality assurance records including feedback from clients, service users, all nurse personnel files are working documents updated regularly and available for inspection.</p>	<p>Compliant</p>
<p>Inspection Findings: On the day of inspection all records requested were made available to the inspector. Agency staff spoke to the inspector about plans to develop a bespoke electronic system for recording information and providing alerts for important elements including mandatory training requirements and Access NI and NMC status.</p>	<p>Compliant</p>
<p>Criterion Assessed: 3.4 The information held on record is accurate, up to date and necessary.</p>	<p>Compliance Level</p>
<p>Provider's Self Assessment: MPA hold records that are accurate, up to date and necessary. Maintenance of records is a daily activity within the agency.</p>	<p>Compliant</p>
<p>Inspection Findings: Records inspected were current, necessary and confirmed by the manager as accurate.</p>	<p>Compliant</p>

Criterion Assessed: 3.5 Nursing care records are written and maintained in accordance with NMC guidelines.	Compliance Level
Provider's Self Assessment: Nursing care record keeping is re-iterated to all nurses during induction training and update training. The policy is also available in staff handbook and the NMC booklet on record keeping is giving to all new staff and can be accessed in our office.	Compliant
inspection Findings: The inspectors findings concur with the self-assessment.	Compliant
Criterion Assessed: 3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.	Compliance Level
Provider's Self Assessment: In practice Agency nurses are advised of the safe handling and disposal of all clinical notes, this information is provided during induction, training and staff handbook.	Compliant
inspection Findings: Evidence in the eight files viewed by the inspector confirmed that the management of records forms part of the induction process and is reviewed as part of updates in training provided to agency nurses.	Compliant

Criterion Assessed: 3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.	Compliance Level
Provider's Self Assessment: Records are held at MPA securely for the period of time as specified in DHSSPS guidelines and are disposed of in accordance with legislation. Training records, appraisal, competency and clinical supervision records, complaint and incident records, quality assurance records including feedback from clients, service users, all nurse personnel files will be kept until a date which is not less than 8 years after the expiry or termination date of the contract. All records are disposed of at MPA by shredding in the office and then sent to a confidential waste disposal service for burning.	Compliant
Inspection Findings: The Management of records and information policy details requirements for the storage and archival of records and is as specified in DHSSPS guidelines.	Compliant

Additional Information

The inspector reviewed the recruitment process and procedures were robust however the decision regarding selection for placements was not clear and specific. A recommendation is made in relation to this.

Complaints

The registered manager discussed the complaints log with the inspector. Seven complaints which relate to medication were found to be fully investigated. Following the review of one complaint the inspector was told that the nurse concerned would have performance management and competence assessment as part of supervision on return to work. Additional intelligence was discovered following the inspection which indicated that the investigation of a previous complaint had not been officially closed. The agency were contacted regarding this and advised to ensure this matter was progressed immediately.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Pamela Boyd, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

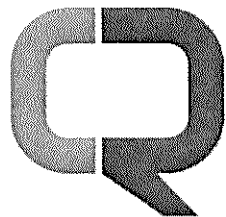
Enquiries relating to this report should be addressed to:

Michele Kelly
Regulation and Quality Improvement Authority
Riverside Tower
5 Lanyon Place
Belfast
BT1 2BT



Michele Kelly
Inspector/Quality Reviewer

Date 24/2/15

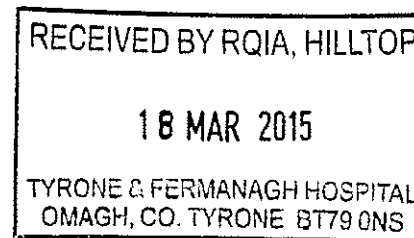


The Regulation and
Quality Improvement
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Quality Improvement Plan
Primary Unannounced Care Inspection

MPA Healthcare

27 January 2015



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Pamela Boyd during and after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations					
These recommendations are based on The Nursing Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	7.2	It is recommended that the registered manager ensures that the selection of nurses for supply to any setting is made by an identified nurse and is clearly documented.	Once	THE INTERVIEW FORMS HAVE BEEN CHANGED SO THAT THEY CLEARLY STATE WHERE THE NURSE CAN WORK, AND WHERE THEY SHOULD NOT BE PLACED. THE DECISION IS TAKEN BY THE NURSE MANAGER. THIS INFORMATION IS THEN PUT ON TO DATABASE SO ALL CONSULTANTS THAT BOOK SHIFTS FOR NURSES ARE FULLY AWARE OF WHERE THEY CAN AND CAN NOT BE PLACED.	Within six weeks of the inspection 8 March 2015

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: Mary O'Kane

NAME: MARY PAT O' KANE
 Registered Provider

DATE 5/03/2015

SIGNED: Panda Boyd

NAME: Panda Boyd
 Registered Manager

DATE 5th March 2015

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Ambely	3/3/15
Further information requested from provider			