

# Unannounced Care Inspection Report 27 October 2017



## MPA Healthcare

**Type of service: Nursing Agency**  
**Address: 18 Great James Street, Londonderry BT48 7DA**  
**Tel no: 02871360070**  
**Inspector: Priscilla Clayton**

[www.rgia.org.uk](http://www.rgia.org.uk)

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 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> Kieran McLaughlin manager	<b>Date manager registered:</b> 15 October 2015

### 4.0 Inspection summary

An unannounced inspection took place on 27 October 2017 from 10.30 to 14.30 hours.

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 the agency’s governance arrangements; management systems and processes in place including audits including service user satisfaction, ongoing quality improvements, management of accidents/incidents, complaints, staff training and modes of communication with staff and stakeholders.

No areas requiring improvement were identified from this inspection.

### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Kieran, McLaughlin, registered manager, as part of the inspection process and can be found in the main body of the report.

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

## 5.0 How we inspect

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

- The previous care inspection report QIP
- The returned QIP
- Notifiable events,
- Correspondence

The following records were examined during the inspection:

- RQIA Registration certificate
- Liability Insurance
- Statement of Purpose
- Service User Guide
- Staff recruitment and selection records
- Pre – employment checks
- Staff hand book induction
- Induction
- Staff matching / skills
- Policies and procedures relevant to this inspection
- Staff training
- Incident Notification
- Complaints
- Staff supervision / appraisal

Ten staff satisfaction questionnaires were provided for distribution to staff for completion and return to RQIA. Five completed questionnaires were returned within the timescale.

During the inspection the inspector met with responsible person, registered manager and administration staff.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

The inspector wishes to thank the registered manager and staff for their warm welcome, co-operation and assistance throughout the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 29 November 2016.**

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

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

**6.2 Review of areas for improvement from the last care inspection dated 29 November 2016**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Minimum Standards 2008		Validation of compliance
<b>Recommendation 1</b>  <b>Standard 1.13</b>	The registered person should ensure that audits of incidents and complaints are conducted so that any trends or patterns can be identified and action taken to minimise recurrence.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Audits of incidents and complaints had been established as recommended. These were included within monthly monitoring reports.	

**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.**

The agency had a policy and procedure on staff recruitment and selection which detailed the recruitment process which complied with legislative requirements and Department of Health (DOH) guidelines. Policies and procedures viewed were reviewed on a three yearly basis.

Records of all the documentation relating to the recruitment process are retained in compliance with the principles of The Data Protection Act 1998, and with Access NI Code of Practice. The registered manager advised that new staff appointments were made in accordance with legislation and minimum standards.

Staff employment records were retained within the agency office. Two files examined contained all documents as required. Pre-employment checks of all appointments were undertaken prior to commencement of employment.

All newly appointed staff are issued with identification showing details and photographic identification.

The selection of nurses for supply to service users is made by the registered manager. The registered manager explained that review of each nurse's previous role, practice experience and competency is undertaken to ensure appropriate selection of the requirements made by the service user. Review of the matching electronic data held and discussion with the administrator established that the procedure in place was effective in this regard.

The registered 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 manager.

Staff induction is provided with induction programmes issued. The programme included mandatory training, complaints, and policies/procedures including adult safeguarding. Details were set out within the staff handbooks issued to all nursing staff.

Monitoring of nurses registration with Nursing and Midwifery Council (NMC) is undertaken to ensure that each nurse is registered. Data was retained electronically. Assistance, support and guidance to re-revalidate registration were being provided by the registered manager.

The agency's adult safeguarding policy / procedure was dated 30 June 2016. The registered manager explained that staff update training in the new policy was scheduled for November 2017. The registered manager is the identified Champion for the agency. The registered manager advised that all agency nursing staff had received a copy of the revised adult safeguarding procedure.

Five completed staff satisfaction questionnaires were returned to RQIA within the timescale. All respondents indicated satisfaction with the safe care provided. No issues or concerns were recorded.

The agency's registered premises included a number of offices which were suitable for the operation of the agency, as described within 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.

	<b>Regulations</b>	<b>Standards</b>
<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.**

There was evidence that the agency responded appropriately to the request for the commissioning of nursing staff. Records required under The Nursing Agencies Regulations (Northern Ireland) 2005 were available for inspection. Several records were held electronically, all of which were readily available. The agency's Data Protection policy reflected procedures in regard to creation, storage, retention and disposal of records. Records reviewed were observed to be maintained in accordance with legislative requirements.

The agency's Statement of Purpose and Service User Guide reflected information in regard to the range of service provision. Both documents are available to service users on request.

The agency seeks the views of the service user on a monthly basis with records retained. The system in place provides the registered manager with the overall provision of care and where necessary the action taken to address areas requiring improvement. Monitoring of the service provided to service users was reflected within monthly monitoring reports. The registered manager advised that when necessary prompt action is taken to address any issue arising.

The registered manager explained the ongoing audits undertaken which included for example; accident/incidents, complaints, supervision, appraisals, review of competency and capability assessments, NMC revalidation, monthly nursing staff meetings and service users satisfaction. The outcome of audits was recorded into the agency's monthly monitoring report.

There was good evidence of effective communication between service users and agency staff within records examined. Records of all agency contacts were recorded and dated by the agency administration team. One of the five nursing staff members who returned a completed questionnaire commented "MPA maintain good lines of communication for staff and service users."

Five completed staff satisfaction questionnaires were returned to RQIA within the timescale. All respondents indicated satisfaction with the effectiveness of care. No issues or concerns were recorded.

### 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

No areas for improvement were identified during the inspection.

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



## 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.**

The Statement of Purpose, Service User Guide and Staff Handbook sets out the culture and ethos of the agency.

The registered manager advised that the agency delivers services effectively with good professional relationships on a day to day basis in accordance with legislative requirements, DOH Minimum Standards.

Discussions with the registered manager, staff and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity were embedded within the culture and ethos of the organisation.

The agency had a confidentiality policy and procedure. The registered manager explained that the policy was known by all staff employed. It was noted that all staff could access relevant policies and procedures in the agency office with several referred to in the handbook issued to all staff.

The agency had a process for obtaining the views of service users in relation to staff performance; the manager described the process for obtaining service users views which were reflected within the monthly monitoring report.

The agency had appropriate systems in place to ensure that nurses can report concerns they may have regarding a placement or other matters. The agency provides twenty four hour "on call" arrangements to provide staff with support and guidance when necessary.

The agency undertakes monitoring of staff performance which included; service user feedback, training updates, supervision and annual appraisal with records retained. Records of monthly monitoring detailing findings were retained and available for inspection.

The registered manager explained the support available to staff for re-validation of registration; records were retained.

The agency publishes a staff newsletter outlining new developments, training, staffing and outcomes of audit.

Review of the staff training electronic system were viewed and discussed with the registered manager. Update training in Adult Safeguarding was scheduled for November 2017.

Five completed staff satisfaction questionnaires were returned to RQIA within the timescale. All respondents indicated satisfaction with the provision of compassionate care provided.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the communication and 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.**

There was a defined management structure within the agency that identifies the lines of accountability, roles and responsibilities for areas of accountability.

The agency’s governance systems and process in place to meet the needs of service users were discussed with the registered manager. The registered manager explained that MPA was committed to providing a quality service that recognises the rights that people have to comment on all aspects of care provided. Methods used to obtain views of the service included display of posters and leaflets within the office and satisfaction questionnaires. Comments are analysed and action taken to address any issues and where necessary lessons identified and learning disseminated.

A wide range of policies and procedures were in place. The registered manager explained that these were reviewed, or more frequently if needed, every three years in accordance with minimum standards.

Staff mandatory training was discussed with the registered manager who explained that ongoing training was provided as required. Review of electronic records retained evidenced training provided with an alert highlighting indicator when training is required.

The agency’s complaints policy/procedure detailed the necessary steps to follow should a complaint be received. Records retained confirmed that complaints had been managed appropriately and resolved to the satisfaction of the complainant. The registered manager explained that all complaints are taken seriously and dealt with promptly and effectively and that information from complaints is used to improve the quality of the service. Review of complaints received was discussed with the registered manager who advised that trends and patterns were monitored and measures had been put in place to minimise recurrence. Measures included for example; reflective practice, additional training, and increased supervision.

The agency had a policy/procedure on accident and incidents which detailed the reporting arrangements to RQIA and other relevant agencies. Records were retained of all accidents and incidents. Notifications submitted to RQIA were discussed with the registered manager who explained the action taken and appropriate referrals made. Records were retained of all communication and action taken.

The registered manager explained that update training on the DOH regional policy titled Adult Safeguarding Prevention Protection and Partnership and new procedures was scheduled for

November 2017. The registered manager advised that he was the adult safeguarding champion and was aware of his role and responsibilities in this regard.

The registered manager advised that service users were aware of how to contact the service by way of the Service User Guide.

The agency's RQIA registration certificate and current liability certificate were displayed within a prominent position.

Five staff satisfaction questionnaires were completed and returned to RQIA within the timescale. All respondents indicated satisfaction that the service was well managed.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and 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

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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