

Unannounced Care Inspection Report 29 November 2016



MPA Healthcare

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of MPA took place on 29 November 2016 from 10.15 to 15.10 hours. The operations team manager was in charge of the agency as the registered manager was out of the office and was contactable via mobile telephone should any issues have arisen.

The operations team manager in charge demonstrated good knowledge and understanding of the Nursing Agencies Regulations, Minimum Standards and overall management of operations.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the nursing agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The delivery of safe care was evident on inspection. There was evidence that the agency operated effective recruitment systems and ensured a supply of appropriately skilled and competent staff. The welfare, care and protection of service users was ensured through identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the service users and HSC Trust representatives. The agency had systems in place to ensure the identification, prevention and management of risk.

Is care effective?

The delivery of effective care was evident on inspection. The agency had systems in place for review and monitoring of quality of care in conjunction with service users and for providing ongoing assurance of continuous improvement of the service provided. There were systems in place to promote effective communication with service users and relevant stakeholders. The agency responded effectively to meet the needs of service users which had resulted in positive outcomes.

Is care compassionate?

The delivery of compassionate care was evident during the inspection. The agency had systems in place for obtaining and responding to the views of service users. It was noted from observation and discussion with the operations team manager that the agency sought to obtain and value the views of stakeholders. The agency had systems in place to monitor and manage the performance of nursing staff. The agency's quality monitoring systems include consultation with service users. No areas for improvement were identified during the inspection.

Is the service well led?

The agency had management and governance systems in place to meet the needs of service users. The registered manager was not in the agency during the inspection. The operations team manager in charge of the agency on the day of inspection demonstrated good awareness and understanding of the Nursing Agencies Regulations, Minimum Standards and overall management of operations. Evidence of effective working partnerships with service users was evident during the inspection. One recommendation made for improvement related to conduction audits of incidents and complaints so that any trends or patterns can be identified and action taken to minimise recurrence.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ciara Campbell, operations team 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent care inspection conducted on 31 March 2016.

2.0 Service details

Registered organisation/registered person: MPA Healthcare/Mary Pat O'Kane	Registered manager: Kieran Philip McLaughlin
Person in charge of the home at the time of inspection: Ciera Campbell, operations team manager	Date manager registered: 15 October 2015

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous care inspection report/QIP dated 31 March 2016
- Incident notifications
- Complaints information forwarded to RQIA

The following records were examined during the inspection:

- Statement of purpose
- Service user guide
- Selection of policies and procedures including those in respect of:

- Adult safeguarding
- Whistleblowing
- Induction
- Staff training
- Data protection/Confidentiality
- Record keeping
- Health records management
- Service user feedback
- Complaints
- Clinical governance
- Risk management
- Incident
- Monthly quality monitoring
- Staff pre-employment checks /recruitment and selection files (3)
- Staff induction programmes
- Staff handbook of induction
- Staff training records
- Staff appraisal
- Incident records
- Complaints records
- Service user contact records
- RQIA registration certificate
- Matching Skills and Expertise record

During the inspection the inspector met the operations team manager and administrative staff member.

Ten questionnaires were given to the operations team manager for distribution and completion by staff members. Five questionnaires were completed and returned to RQIA within the timescale requested.

The inspector would like to thank the operations team manager and administrative staff for their assistance and co-operation during the inspection process.

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 31 March 2016

There were no requirements or recommendations made as a result of the last care inspection undertaken on 31 March 2016.

4.2 Is care safe?

The agency had robust policies and procedures relating to the selection and recruitment of staff which was dated 16 May 2016. It was noted that policies were in compliance with legislative requirements and Department of Health (DOH) guidelines.

Systems and processes in place for the recruitment and selection of staff were discussed with the operations team manager. These were considered to be in keeping with the Nursing Agencies Minimum Standard 4.

The agency's recruitment policy for nurses outlined the mechanism in place for ensuring that appropriate pre-employment checks are completed prior to commencement of employment. The inspector viewed a recruitment checklist which recorded the checks that had been completed; the operations team manager confirmed that nurses would never be provided until all required checks were completed.

The agency's staff induction policy, dated 2 July 2016, outlined the induction programme provided to staff prior to their commencement of employment. The agency maintained a record of the induction provided to staff; it was noted that staff were provided with a copy of the agency's staff handbook.

The agency's supervision and appraisal policy detailed the procedure for staff supervision and appraisal. It was noted that systems in place recorded the date of completion and the planned date of subsequent appraisals. The inspector viewed records of staff supervision and appraisal maintained by the agency.

The operations team manager described the agency's procedure in regard to their policy / procedure entitled "Adult Safeguarding", dated 30 March 2016, and included detail of immediate notification to the commissioning trust and RQIA. The registered manager was the identified "champion" for the agency.

Discussion with the operational team manager alongside review of staff training, personnel and electronic records indicated that staff were provided with safeguarding vulnerable adults training during their initial induction with planned updates recorded. The operations team manager could describe the mechanisms that would be implemented to support staff in achieving the requirements for revalidation and registration with the NMC.

The operations team manager confirmed that staff were provided with information in relation to the agency's safeguarding and whistleblowing policies. This information was reflected within the induction programme as shown within staff handbooks.

The operations team manager described the process for appropriately assessing the requirements of a request for an agency nurse; it was noted that this included assessing the knowledge, skills, training and experience of the nurse to be provided. The operations team manager also described the process for checking the NMC register monthly for staff nurses employed; electronic records maintained were reviewed by the inspector. The registered manager undertakes responsibility for the checking and matching of staff with a record retained within the appropriate log. Periodic review and re-assessment of skills, expertise and competency with each nurse is undertaken and recorded by the registered manager.

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

Five completed staff questionnaires were returned to RQIA following the inspection. Respondents indicated they were satisfied that care was safe.

Areas for improvement

No areas for improvement were identified in the “Is care safe” domain.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.3 Is care effective?

Review of the agency’s arrangements for responding to and meeting the needs of people who use the service was discussed with the operations team manager. Information relating to the nature and range of services provided was detailed within the agency’s Statement of Purpose and Service User Guide.

The use or restrictive practices by staff was discussed with the operations team manager. One recommendation made included reference to the nature and range of service provision and where appropriate guidance for nursing staff on the implementation and use of restrictive practice should be reflected within the statement of purpose and service user guide.

The agency’s management of records policy, dated 15 October 2015, outlined the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records reviewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

The inspector identified that the agency monitored the effectiveness and quality of care provided to service users monthly which included a review of training, complaints, incidents and safeguarding referrals. One reported safeguarding allegation remained under review. RQIA is to be informed of the outcome.

It was noted that service users were requested to complete satisfaction surveys; the agency maintained a record of compliments and complaints.

Systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection. The operations team manager described the liaison with stakeholders in regard to achieving better outcomes for service users.

The operations team manager confirmed that service users were informed of the process for contacting the agency to discuss any issues in relation to the competency of staff provided. It was identified that the agency had a process for obtaining the comments of service users in relation to staff provided.

The operations team manager described the process that would be adhered to for addressing concerns relating to a staff member and stated whilst the process was ongoing the staff member would not be commissioned to work.

Five staff questionnaires were completed and returned to RQIA. Respondents indicated they were satisfied that care provided was effective.

Areas for improvement

No areas of improvement were identified for improvement within the “Is care effective” domain.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.4 Is care compassionate?

The operations team manager confirmed that agency staff were aware of the need to ensure confidentiality and had knowledge of the agency's confidentiality procedure. It was noted that all staff could access relevant policies and procedures in the agency's office and are provided with a staff handbook.

The agency had systems in place to monitor the performance of nursing staff; these included training updates, feedback from service users, supervision twice yearly and annual appraisal.

The agency had a process for obtaining the views of service users in relation to staff performance; the operations team manager described the process for engaging with the relevant service users in order to obtain feedback.

The manager described the process for staff induction and orientation in placement which included staff reporting for duty earlier than their shift start time, on occasions shadowing prior to placement or attending the area of work for a structured induction and orientation.

The inspector viewed the agency's electronic system for recording training completed and in addition for highlighting when training updates are required. Training, including mandatory and other professional development training was being provided as required.

The operations team manager and administration personnel could describe their role in identifying and highlighting gaps. The inspector was provided with assurances that staff would not be provided if training updates had not been successfully completed.

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

Five staff questionnaires were completed and returned to RQIA; responses received indicated satisfaction that the care provided was compassionate.

Areas for improvement

No requirements or recommendation for improvement were made in the "Is care safe" domain.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.5 Is the service well led?

The RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

The agency's registered manager, Kieran McLaughlin, was not in the agency during this inspection. Ciara Campbell, operations team manager, was in charge of the agency in the manager's absence.

The agency's management and governance systems in place to meet the needs of service users were discussed with the operations team manager. Documentation viewed and discussions indicated that the agency's governance arrangements promoted the identification and management of risk. These included development and review of appropriate policies and procedures; monitoring of records including training; monthly questionnaires to service users and audit of registration status with the NMC, staff supervision and appraisal. The undertaking of audits of complaints and incidents was discussed with the operations team manager. One recommendation was made in this regard so that any trends or patterns can be identified with action taken to address issues including measures in place to minimise recurrence.

The inspector undertook a cursory view of a number of policies and procedures; it was noted that the agency had in place a range of policies and procedures which were noted to have been recently reviewed and in accordance with the Minimum Standards, relevant legislation and guidelines. It was identified that policies and procedures were retained within the agency's office in both hard copy and electronic format, so that staff could access if required.

The agency's complaints policy outlined the procedure in handling complaints; discussion with the operations manager and documentation reviewed indicated that the agency had knowledge of the agency's complaints procedure and had managed complaints appropriately. The records of complaints retained was viewed and discussed with the operations team manager who confirmed that these had been resolved satisfactorily. Records viewed reflected that complaints received had been appropriately managed with the complainants fully satisfied. One recommendation made included conducting audits of complaints so that any trends or patterns can be identified and action taken to address same.

It was confirmed that staff were required to complete mandatory training prior to commencing work. It was noted that the agency had a process for ensuring that staff did not commence work until all the necessary pre-employment checks and documentation relating to training have been received and verified.

The inspector reviewed the agency's electronic system for recording training completed by staff; it was noted that the system highlighted when training updates were required.

Records reviewed indicated that staff had received the necessary mandatory training and in addition training specific to the needs of service users. One of the agency's administrators could describe the process for informing staff when training updates were required and stated that staff were not provided to work if training updates had not been completed.

The organisational and management structure of the agency identifies clear lines of accountability and the roles and responsibilities of staff. Staff are provided with a job description and a staff handbook which outline the role and responsibilities of their individual job. The agency has a process for supporting nursing staff in completing the NMC revalidation process.

The agency had a process for ensuring that they proactively obtain feedback from service users when a nurse has been provided.

Five completed staff questionnaires were returned to RQIA following the inspection. Respondents indicated they were satisfied that the agency was well led.

Areas for improvement

One recommendation made for improvement related to conduction audits of incidents and complaints so that any trends or patterns can be identified and action taken to minimise recurrence.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ciara Campbell, operations team manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Agencies Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Nursing Agencies Minimum Standards, 2008. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 Standard 1.13	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.
To be completed by: 30 February 2017.	Response by registered provider detailing the action taken: MPA will audit incidents and complaints on a monthly basis moving forward. Please find attached templates that we will use to summarise monthly audits.

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews