

Inspection Report

3 September 2021



MPA Home Care

Type of Service: Domiciliary Care Agency
Address: 18 Great James Street, Londonderry, BT48 7DA
Tel No: 028 7136 0070

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: MPA Healthcare	Registered Manager: 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 accommodation/how the service operates:	
MPA Home Care is a domiciliary care agency based in Londonderry. The agency supply care workers into a variety of supported living type domiciliary care organisations. The agency operates throughout Northern Ireland, with services commissioned by all five Health and Social Care Trusts (HSCT’s) and a number of private organisations.	

2.0 Inspection summary

The care inspector undertook an announced inspection on 3 September 2021 from 10.00 am to 12.15 pm.

The inspection focused on staff recruitment and the agency’s governance and management arrangements as well as staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS), monthly quality monitoring, Dysphagia training and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before care workers were supplied to the various health care settings and on an annual basis thereafter. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to the care workers employed. 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 care workers being supplied and the responsiveness of the agency to any issues that may occur.

RQIA were assured that this agency supplies care workers 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 guidance, 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, notifiable incidents and written and verbal communication received since the last 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 care workers' registrations with NISCC were monitored by the agency.

During the inspection we discussed any complaints and incidents that had occurred 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 23.

Information was provided to service users and staff 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 service

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

- "Staff provided by MPA are generally excellent. Office staff ensure that all issues are dealt with promptly and feedback is provided. Staff are always polite and courteous."
- "Staff supplied are very reliable and committed to their role. We try to block book staff ourselves but the input from the main office staff when needing shifts covered is very prompt and efficient."

A comment in relation to the out of hours' service was received; this was relayed to the manager for review and action, as appropriate.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 30 July 2018; no areas for improvement were identified. An inspection was not undertaken in the 2019-2020 and 2020-2021 inspection years, due to the impact of the first surge of Covid-19.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. Review of records confirmed that any safeguarding incidents had been managed appropriately. There had been no concerns raised to the manager under the whistleblowing procedures.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the Adult Safeguarding Champion (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 advised that this would be completed by the end of December 2021. This will be reviewed at the next inspection.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Care workers were provided with training appropriate to the requirements of the health care settings they were being placed in. This included adult safeguarding, dysphagia awareness and DoLS' training, appropriate to their job roles.

5.2.2 Are their 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 care workers were supplied to the various health care settings. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff; and these were updated on an annual basis.

There was a good system in place to ensure that the care workers were appropriately placed. This consisted of a detailed profile, which outlined that the pre-employment checks which had been undertaken and the relevant work experience the care worker had.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates for staff are monitored on a regular basis; this system was reviewed and found to be in compliance with Regulations and Standards.

5.2.3 Are there robust governance processes in place?

The agency's 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 23 of Domiciliary Care Agencies Regulations (Northern Ireland) 2005. The review of complaints records identified that they had been managed appropriately.

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 appraisals 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.

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 Quality Improvement Plan (QIP) is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews

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