

# Inspection Report

## 15 September 2023



## MPA Home Care

Type of service: Domiciliary Care Agency  
Address: 20 Queens Street, Londonderry, BT48 7EQ  
Telephone number: 028 7136 0070

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> MPA Healthcare  <b>Responsible Individual:</b> Mrs Mary Pat O’Kane	<b>Registered Manager:</b> Mrs Sandra Cathy Docherty  <b>Date registered:</b> 27 December 2019
<b>Person in charge at the time of inspection:</b> Ciara Campbell, Human Resource Director.	
<b>Brief description of the accommodation/how the service operates:</b>  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

An unannounced inspection took place on 15 September 2023 between 10.35 a.m. and 2.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency’s governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

Good practice was identified in relation to staff recruitment, staff training and staff induction. There were good governance and management arrangements in place.

## 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, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users and staff on how they could provide feedback on the quality of services. This included an electronic survey.

#### 4.0 What did people tell us about the service?

During the inspection we spoke with a service user and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

##### **Service users' comments:**

- "We have no issues with any of the staff supplied by MPA; they are great with the service users. The communication is always good with MPA; they let us know about shift availability. We have no concerns with the agency."

##### **Staff comments:**

- "I am up to date with all my mandatory training; the training is effective. The service is very well run and we get a notification from the agency about shifts and any changes. I keep my NISCC registration up to date and I am aware of my NISCC requirements. I find MPA brilliant and they are always on the ball with everything. They provide me with great support, which is very important. They are always available at the end of the phone."
- "The communication is very good with MPA; we are always made aware of any changes. The agency is easy to contact and get through to. They are quick to return my calls. I am up to date with all my mandatory training and we can ask for additional training that might be relevant to where you work. If I had any concerns, I would report them to my coordinator or manager. I have no problems with MPA. I feel that the service is well led by the manager and it is very efficient. I have nothing bad to say about the agency."

A number of staff and visiting professionals responded to the electronic survey. The respondents indicated that they were mostly 'satisfied/very satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- “I have no problem working with MPA. The staff are always very helpful if I need them for anything. I really wish I had of joined the agency a long time ago! The flexibility is great ... I recommend them to anyone.”
- “I have a good working relationship with MPA staff and they are professional in their approach. Shifts are filled for us and staff are monitored.”
- “MPA staff, are very much appreciated, and continue their work with high standards.”
- “... use MPA Agency as our main agency and find that they provide excellent professional well trained staff. Great communication skills.”
- I have been with MPA for a few years and would recommend them as an agency. They are professional in their approach and offer support at all times.”
- MPA is the main recruitment agency we use. We have a great relationship with the staff and they work extremely hard to provide us with high quality staff.”

## **5.0 The inspection**

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

The last care inspection of the agency was undertaken on 31 January 2023 by a care inspector. No areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records and discussions with the person in charge indicated that no referrals had been made with regard to adult safeguarding since the last inspection.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role.

All staff had been provided with training in relation to medicines management. The person in charge advised that staff do not support with administering medication with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

#### **5.2.2 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

#### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

#### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three day induction programme which also

included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The person in charge was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

#### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

The Statement of Purpose required updating with RQIA's contact details and those of the Patient Client Council. The person in charge was signposted to Part 1 and Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information.

### **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ciara Campbell, Human Resource Director, as part of the inspection process and can be found in the main body of the report.





The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)