



**The Regulation and
Quality Improvement
Authority**

**Inspector: Amanda Jackson
Inspection ID: 22847**

**Direct Medics Ltd
RQIA ID: 12249
33a Stockmans Way
Belfast, BT9 7ET
Tel: 02890 590077
Email: paul@directmedics.com**

**Unannounced Care Inspection
of
Direct Medics Ltd

19 October 2015**

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An unannounced care inspection took place on 19 October 2015 from 09.45 am to 16.30 hours. Overall on the day of the inspection the Agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the quality improvement plan appended to this report. This inspection was underpinned by The Nursing Agencies Regulations (Northern Ireland) 2005, and The DHSPSS The Nursing Agencies Minimum Standards (2008).

2. Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

3. Actions/Enforcement Resulting From This Inspection

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

4. Inspection Outcome

	Requirements	Recommendations
Total Requirements and Recommendations Made	2	0

The details of the QIP within this report were discussed with the recruitment consultant as part of the inspection process. The timescales for completion commence from the date of inspection.

5. Service Details

Registered Organisation/ Registered Provider Direct Medics Ltd/Mr Paul Owen Mulvenna	Registered Manager: Ms Margaret Coulter (registration pending)
Person in Charge of the agency at the time of Inspection: Recruitment consultant	Date Manager Registered: Registration pending
Number of service users in receipt of a service on the day of Inspection: 6	Number of registered nurses on the agency's books: 19

6. 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 themes: Nurse Training and Vulnerable adults and children are protected from abuse.

7. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015.

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

- Discussion with the recruitment consultants.
- Consultation with three staff via telephone
- Consultation with two managers in receipt of the service
- Review of one staff questionnaire
- Examination of records
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- Two recently recruited staff files regarding references, gaps in employment, competence assessment at interview and induction
- Two monthly monitoring reports
- Policy in relation to Review and Revision of Policies and Procedures
- Policy on Vulnerable adults and child protection

- Training and development policy
- Training plan/schedule
- Four staff training records
- Training content and trainer qualifications
- Record for one staff member where skills and competence required review
- Record regarding one staff members quality of work (compliment)
- Whistleblowing policy
- Staff handbook
- Three staff pre-employment checks
- Staff appraisal policy, procedure and template for appraisal process
- Three complaints.

The following records were requested for submission following the inspection and examined on Friday 23 October 2015:

- Revised monthly monitoring report template
- Revised policy in relation to Review and Revision of Policies and Procedures
- Revised policy on Vulnerable adults and child protection
- Supervision policy and procedure
- Quality monitoring policy and procedure
- Four quality monitoring returns for nursing staff members
- Revised staff handbook
- Training content, trainer qualifications and competency assessments.

Discussions with three staff members took place on the day of inspection via telephone. The feedback from staff discussions supported staff being happy within their role and working for Direct Medics Ltd. Staff described training as appropriate to their needs, delivered on an ongoing basis and covering a range of mandatory areas in line with RQIA mandatory training guidelines (2012). Staff spoken with presented an appropriate knowledge in the area of vulnerable adults in line with theme two of this report. Staff discussed ongoing line management support and informed the inspector that supervisions do not currently take place.

The inspector also spoke with one nursing bank manager within the BHSCT during the inspection day (via telephone) and one nursing home manager post inspection regarding the quality of staffing and care provision provided by Direct Medics Ltd. Both expressed satisfaction with the service and staff provided via the agency stating Direct Medics Ltd provide a responsive service with appropriately trained and competent staff. One manager highlighted that were matters arose regarding staff practice appropriate management of these were addressed by the agency in a timely matter.

The inspector would like to extend gratitude to the recruitment consultants of Direct Medics Ltd for their hospitality and contribution to the inspection process.

8. The Inspection

Profile

Direct Medics Ltd is based at 33a Stockman's Way Belfast, BT9 7ET. Direct Medics Agency supply and place nurses in hospital settings, nursing homes and the Marie Curie hospice. Nursing homes and the hospice have become clients since the previous inspection in January 2015. Currently the agency is providing nineteen nurses for placement, an increase of eleven staff since the previous inspection. The recruitment consultant confirmed that they do not supply nurses to care for private patients in their own home.

8.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 6 January 2015. The completed QIP was returned and approved by the inspector.

8.2 Review of Requirements and Recommendations from Previous Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 12.(1)(a)	The registered person shall ensure that the recruitment process for the supply of nurses verifies that satisfactory information in respect of matters listed in Schedule 3(5) is available. Action taken as confirmed during the inspection: Review of two recently recruited staff files in 2015 evidenced references for both staff members.	Met
Requirement 2 Ref: Regulation 12.(1) (d)	The registered person shall ensure that the recruitment process for the supply of nurses verifies that satisfactory information in respect of matters listed in Schedule 3(8) is available. Action taken as confirmed during the inspection: Review of two recently recruited staff files in 2015 evidenced confirmation of gaps in employment during the application process.	Met

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 1.12	<p>The registered person should ensure that monthly meeting notes are formatted on a template which reflects quality monthly monitoring reports.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of the template for monthly monitoring and two examples of the report for August and September 2015 presented information in respect of the registered manager and recruitment consultants review of the monthly activity. The template presents brief feedback from the services and the staff which is then discussed at the meeting. The monthly report template is signed off by Paul Mulvenna (registered person).</p> <p>The inspector recommended review of the monthly report in line with the RQIA monthly monitoring template to include incidents, complaints, compliments, training and other appropriate quality measurement categories. The inspector also recommended evidence on the report to support that the registered person has been actively involved in this process in line with standard 1.12.</p> <p>Submission of a revised template for the October 2015 report confirmed the recommended action had been taken by the agency.</p>	
Recommendation 2 Ref: Standard 2.2	<p>The registered person must ensure that the policy in relation to Review and Revision of Policies and Procedures includes how the organisation will include input from staff and clients.</p>	Met
	<p>Action taken as confirmed during the inspection: The revised policy which is due for sign off by the registered person in the October 2015 was found to be appropriately detailed regarding client feedback, staff input and timeframes for review in line with the Nursing agencies minimum standards.</p>	

<p>Recommendation 3</p> <p>Ref: Standard 4.2</p>	<p>The registered manager must ensure that evidence of assessment of competence is recorded before making an offer of employment.</p> <p>Action taken as confirmed during the inspection: Two recently recruited staff files in 2015 evidenced interview processes completed by the agency nurse manager. These included competence assessments at interview and prior to offers of employment.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 6.1</p>	<p>The registered manager must ensure that evidence of induction and orientation is available in records retained by the agency.</p> <p>Action taken as confirmed during the inspection: Two recently recruited staff files in 2015 evidenced induction and orientation to Direct medics as an agency. Sign off by the staff member at interview regarding staff handbook, statement of purpose, terms of engagement and policies and procedures was evidenced within both staff files. Discussion with three staff members (via telephone) during the inspection confirmed this process together with a comprehensive induction process during their initial placement into services.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 9.1</p>	<p>The registered person must ensure procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance and HSC Trust protocols.</p> <p>Action taken as confirmed during the inspection: The joint policy for vulnerable adults and child protection is due for sign off by the registered person in the October 2015. The policy and procedure provided was detailed in line with legislation, HSC Trust protocols and previous DHSSPS guidance but requires updating in line with the most recent DHSSPSNI guidelines for protection of Vulnerable adults (July 2015). The policy and procedure is also required to detail relevant contact details within the service areas i.e. gateway contact numbers for child protection and trust safeguarding teams. Submission of the revised policy post inspection confirmed all matters had been addressed.</p>	<p>Met</p>

Recommendation 6 Ref: Standard 9.2	The registered person must ensure procedures for Safeguarding children are in accordance with legislation, DHSSPS guidance and HSC Trust protocols.	Met
	Action taken as confirmed during the inspection: As detailed under recommendation five above.	

8.2 Theme 1: Nurse Training -The agency has procedures in place to ensure all nurses are appropriately trained and qualified for their roles.

Is Care Safe?

Direct Medics Ltd employs nineteen nurses with one nurse manager overseeing the recruitment process. The agency currently supply's nurses to the BHSCT, SEHSCT, SHSCT, the Marie Curie Hospice and two nursing homes. The agency is also a recruitment agency involved in the supply of care staff and is registered with Department of Employment and Learning (DEL).

The agency has a training and development policy that had been approved, signed and dated by the registered person. The policy was found generally to be in compliance but was generic in detail for Direct Medics Ltd as a company. The policy has been recommended for review to ensure it is specific to nurses working within the agency and in line with the RQIA mandatory training guidelines (2012). Submission of a revised policy post inspection confirmed the recommended areas had been reviewed.

There was evidence that the training needs of individual nurses are identified and records viewed confirmed that the agency had systems in place to provide nurses with a range of mandatory training compliant with RQIA mandatory training guidelines (2012). The agency do not currently provide generic medication training (just IV medication training) or first aid training in line with RQIA mandatory training guidelines (2012) and this was discussed during inspection for inclusion. Two staff records reviewed during inspection where found to be compliant with all other areas of mandatory training.

Information examined indicated that each new nurse must complete an induction prior to any placement. Training records examined provided evidence that two nurses employed by the agency had completed mandatory training.

Discussion with the recruitment consultant and three nurses confirmed supervision does not currently take place and the appraisal processes is about to be implemented over the coming weeks as the agency has only been operational for one year. Evidence of the staff appraisal policy, procedure, self-assessment and manager review templates were reviewed during inspection and appeared appropriate. The inspector requires the agency to develop a supervision policy and procedure in accordance with regulation 14(2)(a) and consider how this procedure will apply to those staff who work full time for the agency and for those staff who work within other employment.

On the day of the inspection there was good evidence that administration systems are well organised as all required records requested for review were made available via electronic format on the company system or in hard copy were appropriate.

Is Care Effective?

The training files relating to two nurses were examined and contained documentary evidence of the nurse's previous learning, professional development and practice experience. Recently recruited staff files were also reviewed for two staff members to confirm learning and practice experience.

Arrangements in place to ensure that skills and expertise of each nurse is matched to the requirements of placements were available for review at inspection and detailed within staff interview notes reviewed for two recently recruited staff members.

Arrangements were in place to check that each nurse is registered with NMC at employment commencement and ongoing on an annual basis. Access NI checks and employer references are also checked during recruitment.

Records examined found that the training needs of two long standing nurses and two more recently recruited staff members had been identified and the required training had been met by the agency with exception to medication and first aid training as referenced above in theme one (is care safe section).

Is Care Compassionate?

There was evidence that nurse's skills are evaluated as part of quality monitoring. This was reviewed within 'staff reference returns' which is a quality assessment tool provided to the services for completion after every five placements for each nurse. Verbal feedback via telephone is more commonly received by the agency from services and this is logged on the agency computer system and was evident for a number of staff members reviewed during inspection. Evidence presented to the inspector verified the timeframe for this process for all nurses being placed.

The review of staff training records and staff reference returns informed the inspector there were arrangements in place to ensure nurses are appropriately trained and qualified for their roles.

Feedback from one hospital nursing bank manager and one home manager (via telephone) regarding staff placements was found to be positive with the managers discussing an efficient service provided by Direct Medics Ltd with appropriately skilled and competent staff. Where issues arise one manager described appropriate action being taken by the agency in a timely manner.

Areas for Improvement

The agency is required to develop a supervision policy and procedure to ensure all staff receive appropriate supervision in line with regulation 14(2)(a). Staff training and development is required for review and update in the areas of medication and first aid training.

Number of Requirements	2	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

8.3 Theme 2: Vulnerable adults and children are protected from abuse.

The agency had a joint policy and procedure for protecting vulnerable adults and children in accordance with legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Board and the relevant HSC trust. The recruitment consultant confirmed the agency was not providing a service to children at this time.

Staff training records examined confirmed that procedures for protecting vulnerable adults and for safeguarding children and young people are included in the training programme for staff.

There is a written policy on "Whistle Blowing" and procedures that identify to whom staff report concerns about poor practice. The agency updated the vulnerable adults and child protection information within the staff handbook following inspection and submitted the handbook for review. This was confirmed as appropriately detailed.

The recruitment consultant reported to date there had been no reported issues or concerns regarding the protection of vulnerable adults and children. The recruitment consultant appeared familiar with the reporting of any such event. The registered manager was not available on the day of inspection.

Is Care Effective?

On the day of the inspection the Recruitment consultant informed the inspector regarding the range of safeguards the agency had implemented to ensure vulnerable adults and children are protected from abuse. This included the arrangements in place that ensure all necessary pre-employment checks are completed and considered. Pre-employment checks reviewed during inspection for two staff nurses including nurses NMC registration and Access NI checks.

The recruitment consultant reported that she was confident that prior to placement agency nurses were provided with the relevant information to ensure they took appropriate action in the event of a suspicion of, or actual abuse. The recruitment consultant was confident with the role of the agency manager and responsibility regarding any investigation in the event of an allegation of abuse being made.

Is Care Compassionate?

The registered manager is a trained registered nurse and is fully involved in the recruitment process. There was evidence that the agency had appropriate pre-employment checks completed.

The recruitment consultant discussed how nurses employed complete an induction that includes training in all aspects of abuse and the protection of vulnerable adults and children. Review of two recently recruited staff files evidenced induction training which included both areas of training. Refresher training is provided for nurses on an annual basis and this was reviewed for two longer standing nurses in respect of planned update training on the agency training schedule (the agency has only been operational for one year hence refresher training is planned but has not been completed to date). The recruitment consultant confirmed that the agency do not currently operate a supervision programme for nurses employed and this was discussed as a requirement going forward as previously stated within theme one of the report.

Discussion with the recruitment consultant, review of training materials and discussions with three nurse's demonstrate that the agency promotes the core values of care and takes account of the minimum standards and regulations in respect of this theme.

There was evidence to confirm that the agency had arrangements in place to obtain service users views about nurses regarding their performance and competencies, this was reviewed in the 'staff reference returns' presented at inspection. The recruitment consultant expressed they had no concerns about their nurses practice in respect of vulnerable adults and child protection and confirmed they were in receipt of nurse's training regarding the protection of vulnerable adults and children.

Areas for Improvement

As per theme one the agency is required to review the supervision policy and procedure to ensure all staff receive appropriate supervision in line with regulation 14(2)(a).

Number of Requirements	0	Number Recommendations:	0
------------------------	---	-------------------------	---

Additional areas examined:

Complaints

Review of three complaints during inspection confirmed general compliance with Regulation 19 of The Nursing Agencies Regulations (Northern Ireland) 2005 with exception to feedback not provided to the complaint in one matter. This was discussed during inspection and recommended in all future cases in accordance with The Nursing Agencies Minimum Standards (2008).

9. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the Quality Improvement Plan. Details of this Quality Improvement Plan were discussed with the recruitment consultant as part of the inspection process. The timescales commence from the date of inspection.

Registered providers/managers 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/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.

9.1 Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Agencies Regulations (Northern Ireland) 2005.

9.2 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 Person may enhance service, quality and delivery.

9.3 Actions Taken by the Registered Manager/Responsible Person

The Quality Improvement Plan will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The responsible person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to RQIA's office (non- paperlite) to be assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

REGULATION AND QUALITY
IMPROVEMENT BOARD
14 DEC 2015

Statutory Requirements

Requirement 1

Ref: Regulation 12(1)(b)

Stated: First time

To be Completed by: 19 November 2015

The registered person shall ensure that no nurse is supplied by the agency unless –
(b) he has the qualifications, knowledge, skills and competence which are necessary for the work which he is to perform.

As discussed within theme one of this report (Is care safe section) regarding medication and first aid mandatory training for nursing staff and regarding practical aspects to training in the areas of medication and manual handling.

Response by Registered Person(s) Detailing the Actions Taken:

Company software has been amended to make necessary additional training mandatory before a nurse can be cleared to work.

A review of training resulted in the company ceasing to use a provider for manual training, favouring instead an alternative provider.

Requirement 2

Ref: Regulation 14(2)(a)

Stated: First time

To be Completed by: 19 January 2016

The registered person shall ensure that each employee of the agency receives appropriate supervision.

As discussed within theme one of this report (Is care safe section) and in line with the agency supervision and appraisal policy.

Response by Registered Person(s) Detailing the Actions Taken:

Written into 'Review and Reassessment of Nurses' policy:

'Quarterly: The Registered Manager carries out a quarterly review as to the nurses booked for assignments, and makes contact with all nurses booked to provide supervision and guidance as required. This is an opportunity for nurses to raise any concerns and provide feedback on clinical settings and the outcome is reported to relevant staff at the company.'

Registered Manager Completing QIP	<i>M Cook</i>	Date Completed	<i>11.12.15</i>
Registered Person Approving QIP	<i>P. Williams</i>	Date Approved	<i>7/12/15</i>
RQIA Inspector Assessing Response	<i>a. Jackson</i>	Date Approved	<i>15/12/15</i>