

Inspection Report

8 June 2021



Direct Medics Ltd

Type of service: Nursing Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Direct Medics	Registered Manager: Mrs Jean Margaret Knapton
Responsible Individual: Mr Paul Owen Mulvenna	Date registered: 9 May 2016
Person in charge at the time of inspection: Mrs Jean Margaret Knapton	
Brief description of the agency operates: This is a nursing agency which operates from offices located in Belfast. The agency currently supplies nurses to a number of Trusts and a small number of care homes.	

2.0 Inspection summary

The care inspector undertook an announced inspection on 8 June 2021 at 10.30 to 16.40.

RQIA received information/intelligence on 25 May 2021 which raised concerns in relation to recruitment practices. In response to this information RQIA decided to undertake an inspection.

The inspection findings did not substantiate the information received in relation to recruitment practices.

Good practice was identified in relation to appropriate checks being undertaken before nurses were supplied to the various health care setting and on an annual basis thereafter, registrations with the Nursing and Midwifery Council (NMC). Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

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, 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, concerns and written and verbal communication received since the previous 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 registered nurses' registrations with the NMC were monitored by the agency.

We discussed any complaints and incidents during the inspection 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 20.

Information was provided to service users, staff and other stakeholders 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.

4.0 What people told us about the agency?

The information provided by service users indicated that there were no concerns in relation to the agency. All confirmed that they were satisfied with the standard of the nurses being supplied and the responsiveness of the agency to any issues that may occur.

Staff told us that they were happy with the support provided by the nursing agency.

5.0 The inspection

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

The last inspection of the agency was undertaken on 13 March 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there 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 nurses are supplied to the various health care settings. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff

It was noted that a system was in place to ensure that staff's skills were appropriately placed. Staff were provided with training appropriate to the requirements of the health care setting they were being placed in.

The manager had a robust system in place to monitor alerts issued by the Chief Nursing Officer (CNO). This ensures that the appropriate checks are undertaken before the nurses are employed.

5.2.2 Are there robust governance processes in place?

The 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 20 of Nursing Agencies Regulations (Northern Ireland) 2005.

Review of training records evidenced that not all staff had completed Deprivation of Liberty Safeguards (DoLS) training. An area for improvement has been made in this regard.

There was a system in place to ensure that staff received supervision and training in keeping with the agency's policies and procedures.

It was noted that the nursing agency had not made any adult safeguarding referrals to any of the HSCT's since the last inspection on 13 March 2020. It was noted that the adult safeguarding position report 2020/2021 was not completed on the day of the inspection. This will be reviewed at the next inspection.

It was established that agency had received a number of complaints since the last inspection on 13 March 2020. There was evidence that these had been dealt with in accordance with the policy and procedure.

A review of the records confirmed that all staff provided are appropriately registered with the NMC. Information regarding registration details, renewal and revalidation dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

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 Alert's (EA's).

It was established that the alphabetical lists of service users and staff held by the agency were up to date.

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 finding one area for improvement was identified in relation to staff training. Despite this, RQIA were assured that the service was providing safe, effective and compassionate care. Details can be found in the Quality Improvement Plan included.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Nursing Agencies Minimum Standards (2008).

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the QIP were discussed with Mrs Jean Knapton, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
<p>Area for improvement 1</p> <p>Ref: Standard 6.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that all staff undertake training in relation to DoLS, as relevant to their roles and responsibilities.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Agency communicates closely with its Service Users to identify training requirements relevant to roles and responsibilities. On the inspection date, the Agency demonstrated procedures for staff to undertake training relevant to their roles and responsibilities, including DoLS. The Agency will continue to identify such roles that may require DoLS training in collaboration with Service Users, and respond to such requirements.</p>

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