



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: MPA Healthcare

Provider: MPA Healthcare

Date of Inspection: 20 June 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| Registered Provider: | MPA Healthcare |
| Responsible Individual: | Mrs Mary Pat O'Kane |
| Registered Manager: | Mrs Sandra Cathy Docherty |
| <p>Service Profile: This is a nursing agency which supplies nurses to hospitals and nursing homes throughout the province.</p> <p>MPA Healthcare also acts as a Recruitment Agency and supplies Health Care Assistants (HCA) to various healthcare settings. RQIA does not regulate Recruitment Agencies.</p> | |

2.0 Inspection summary

An announced inspection took place on 20 June 2025, between 9.30 am and 1 pm by a care Inspector.

The last care inspection of the agency was undertaken on 8 February 2024 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that the nurses provided safe, effective and compassionate care in the settings they were supplied to work in and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

No areas for improvement were identified during this inspection.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included registration information, and any other written or verbal information received from service users or nurses.

Throughout the inspection process inspectors seek the views of the service users, who use the nurses supplied by the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service

Service users told us that MPA is a 'very reliable' nursing agency which has 'good working relationship(s)' with service users. Some hospital settings use an electronic records management system (Encompass). Feedback reflected that the agency was 'very engaging and that they ensured their nurses received communications in order for them to be trained and 'encompass ready'. MPA were described as being 'responsive to any issues raised and respond promptly and professionally' to queries.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction, regular training and continued supervision and support.

Review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before nurses were supplied.

A review of the records confirmed that all registered nurses were appropriately registered with the Nursing and Midwifery Council (NMC). Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards.

The interview process was reviewed and written records were retained by the agency. There was a system in place to assess the capability and competency of the nurses' in relation to their job role. However, it was identified that the medicines competency assessments were not consistently undertaken in close proximity to the delivery of the medicines training. This was discussed with the manager who agreed to amend the induction process to ensure the competency assessment was completed at the start of employment. This will be followed up at a future inspection.

Records of all staff training were retained and were noted to be up to date. Staff confirmed that received sufficient training for their roles.

There was a system in place to ensure that the registered nurses were placed into settings where their skills closely matched the needs of patients. Nurses had completed training appropriate to the requirements of the settings in which they were placed and in keeping with the HSCT requirements.

Procedures were in place for appraising nurse performance and nurses were provided with supervision on a regular basis.

3.3.2 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Sandra Docherty has been the manager in this agency since 27 December 2019 and she is also the manager of a registered domiciliary care agency.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place; this included monthly quality monitoring reports, an annual quality review report and regular feedback on the quality of the nurses' practice. Whilst the monthly quality monitoring report was noted to be very detailed, advice was given in relation to including narrative of nurse feedback within the report. This advice was welcomed by the manager.

There was a system in place to manage any complaints and/or incidents. It was good to note that these were reviewed as part of the monthly quality monitoring processes.

There was a system in place to ensure that nurses did not inadvertently work extended shift patterns.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. The manager was identified as the appointed ASC for the agency. The annual safeguarding position report had been completed.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice and/or the quality of services provided by the agency, as necessary.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Sandra Docherty, Manager, as part of the inspection process and can be found in the main body of the report.



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