

Inspection Report

Name of Service: Direct Medics Ltd
Provider: Direct Medics
Date of Inspection: 22 January 2025

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

1.0 Service information

Organisation/Registered Provider:	Direct Medics
Responsible Individual/Responsible Person:	Mr Paul Owen Mulvenna
Registered Manager:	Mrs Jean Margaret Knapton
Service Profile –	
Direct Medics is a nursing agency operating from premises based in Belfast. The agency currently supplies nurses to all five Health and Social Care Trusts (HSCT).	

2.0 Inspection summary

An announced follow-up inspection took place on 22 January 2025, between 9.30 a.m. and 4.30 p.m. by a care Inspector.

Serious concerns were identified at an inspection on 10 September 2024 in relation to the managerial oversight and governance arrangements; the Statement of Purpose (SOP), Service User Guide (SUG) and Staff Handbook all required improvement in keeping with Regulation; the availability and quality of a number of policies and procedures; complaints management; adult safeguarding; recruitment and selection process; booking of staff; staff supervision; and quality monitoring. Enforcement action resulted from the findings of the inspection.

Following a serious concern meeting with the manager and members of the senior management team on 19 September 2024, a period of time was allowed to enable the agency to take the required actions to demonstrate compliance with Regulations and Standards and embed them into practice. This inspection was undertaken to ensure the agency was compliant with the regulations and standards. RQIA was satisfied the required improvements were in place.

The inspection examined the agency's governance and oversight arrangements, recruitment and selection process, fitness of nurses supplied by the agency, complaints management, staff supervision, adult safeguarding and monthly quality monitoring reports.

The three areas for improvement previously identified were assessed as having been addressed by the provider.

There were no new areas for improvement identified as a result of this inspection.

Good practice was identified in relation to the seeking of a third reference in cases when the most recent previous employer does not provide full details relating to the candidate's employment. This ensures they have a detailed account of the candidate to determine their suitability for employment by the agency.

For the purposes of the inspection report, the term 'service user' describes the settings where the nurses are supplied to work in.

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: notes of the Serious Concern meeting, the previous quality improvement plan issued, registration information, and any other written or verbal information received from service users or staff.

A range of documents were examined to determine that effective systems were in place to manage the agency.

The findings of the inspection were discussed with the manager and members of the senior management team at the conclusion of the inspection.

3.2 What people told us about the service and their quality of life

Due to the specific inspection focus, service users were not consulted with as part of the inspection process.

An electronic survey was issued to staff. No responses were received.

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

The last care inspection of the agency was undertaken on 10 September 2024 by a care inspector. A Quality Improvement Plan (QIP) was issued and enforcement action taken.

3.4 Inspection findings

3.4.1 Governance and oversight arrangements

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

There was evidence of strengthening of the organisational structure to support compliance and quality assurance, which includes the recent appointment of a Quality Assurance Controller and support staff.

The SOP had been updated to include reference to policies and procedures. The manager was signposted to Part 2 of the Minimum Standards, to ensure a link to/or list of the Appendix 3: Policies and procedures was included in the updated version. In addition, the agency was advised both the SOP and SUG should include contact details of the Northern Ireland Public Ombudsman's Office (NIPSO) and ensure the organisation structure reflects the current job titles used by the agency. The manager agreed to make the requested changes. The updated SOP and SUG were submitted following the inspection and were assessed as satisfactory.

Review of complaints records and discussion with the manager provided evidence of good oversight arrangements. The agency was advised to review the arrangements in relation to cover provided when the manager is on planned leave to ensure effective and timely reporting to all relevant bodies such as RQIA and Nursing and Midwifery Council (NMC). The agency agreed to ensure there were arrangements in place when the manager is on leave.

Adult safeguarding arrangements were examined and it was evident the staff member responsible for acting in the absence of the Adult Safeguarding Champion (ASC) has been identified and both they and the manager have completed safeguarding training commensurate with their roles. The agency's adult safeguarding policy viewed and available to staff reflected the regional guidance in Northern Ireland.

Staff have access to guidance and support via an online platform which includes links to the staff handbook and policies and procedures. This platform also contains a link staff can use if they have any comments or queries in relation to their employment. The senior management team confirmed that if either the handbook or policies are significantly changed the online links would be shared with staff. There was evidence provided that staff had been updated in relation to changes in supervision via a mail shot. The agency confirmed that once the policy relating to supervision is ratified it will be added to the staff handbook.

3.4.2 Fitness of nurses supplied by an agency

Robust oversight arrangements were in place to ensure each candidate provided a full employment history as well as providing the reasons for leaving employment. The compliance team have a specific staff handbook to guide them with this process. A set of key performance indicators are regularly audited, areas for improvement identified and actions taken to address issues as necessary. The agency now requests a third reference in cases where the most recent previous employer does not provide full details relating to the candidate's employment.

This ensures they have a detailed account of the candidate to determine their suitability to be employed by the agency.

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 were provided with training appropriate to the requirements of the settings in which they were placed.

It was noted that restrictions can be placed on the current booking system to alert agency staff if training or other relevant documents have expired for nursing staff therefore preventing them from being booked by the agency. The manager and senior management team provided RQIA with assurances that processes had been put in place by the agency to mitigate risks associated with staff booking themselves onto shifts without the agency's authorisation.

The manager and those staff who participated in the inspection had a clear understanding of the potential risk of harm if registered nurses were permitted to book directly with service users. There was evidence of the agency working collaboratively with Trusts to prevent direct booking of staff. The agency should consider strengthening the information provided to staff and service users in relation to direct booking and associated policies. This should include highlighting the potential risks of staff working within care settings for which they lack the requisite qualifications, knowledge, skills and competencies; and the potential to place service users at significant risk of harm. The staff handbook will be updated to include guidance relating to direct booking. The revised staff handbook will be shared with staff when these changes have been made.

3.4.3 Staff Supervision

A review of arrangements for staff supervision evidenced that an adequate system was in place for ensuring that registered nurses received supervision in keeping with Regulation. The manager demonstrated a good knowledge of the principles of supervision and importance of supervision to registered nursing staff. The agency has engaged with staff to inform them that supervision was now mandatory to complete, this should assist in improving the compliance for completion of supervision. It was noted this has been received positively by staff, who have indicated this will be of benefit when they are required to revalidate as part of their NMC registration requirements. The agency has developed guidance which will be added to the staff handbook and related policies and procedures. The manager has agreed to share these documents with RQIA and relevant staff when they have been ratified. The embedding and effectiveness of the new supervision process will be assessed as part of future inspections.

3.4.4 Monthly Quality Monitoring Reports

A review of monitoring reports evidenced that these were being completed on a monthly basis. The reports contained feedback from service users and staff and there were unique identifiers included for records reviewed, to ensure a variety of samples were reviewed. Whilst two of the reports viewed did not include action plans, the agency provided assurances that mechanisms have been put in place to ensure robust oversight of these reports by both the manager and senior management team. This will include regular quality meetings, during which these reports will be discussed and minutes retained. RQIA is therefore assured that these monitoring arrangements are sufficiently robust and will assess their effectiveness and sustained improvement as part of future inspections.

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 Jean Knapton, Registered Manager and members of the senior management team, 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



Web: www.rqia.org.uk



Twitter: @RQIANews