

Inspection Report

3 June 2024



Medlocums Recruitment Limited

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: Medlocums Recruitment Limited	Registered Manager: Miss Langelihle Dube
Responsible Individual: Miss Sussan Agbo, registration pending	Date registered: 12 November 2018
Person in charge at the time of inspection: Miss Sussan Agbo	
Brief description of the agency operates: Medlocums Recruitment Limited is a nursing agency whose registered office is located in London. The agency is currently supplying registered nurses to all of the Health and Social Care (HSC) Trusts within Northern Ireland under the Regional Workforce Framework.	

2.0 Inspection summary

An announced inspection was undertaken on 3 June 2024 between 10.00 a.m. and 3.00 p.m. in a location in Belfast. The inspection was conducted by a care inspector. The registered manager was also present at the inspection.

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), and Dysphagia management were also reviewed.

Prior to the inspection RQIA had received information in regards to an identified increase in the numbers of incidents involving registered nurses supplied by the agency. This information was reviewed and discussed during the inspection and assurances were provided that the agency is currently implementing measures to proactively address any matters raised with the service users.

Good practice was identified in relation to the monitoring of nurses' registrations with the Nursing and Midwifery Council (NMC). There was evidence of good governance and management arrangements in place.

One area for improvement was identified in relation to the induction/orientation that staff receive in the clinical areas supplied to.

For the purposes of the inspection report, the term 'service user' describes the hospitals or care homes, the agency's nurses are supplied to work in.

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 any previous areas for improvement identified, registration information, and any other written or verbal information received from service users.

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 nursing agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from service users that the agency takes all reasonable steps to promote people's rights. People in receipt of nursing care have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience their individual choices and freedoms.

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 people told us about the agency?

Following the inspection process, we spoke with a number of service users who advised that they had noted a recent decrease in the number of incidents involving staff supplied by the agency; they advised that the agency was effectively engaging with them to address any matters raised in regards to staff supplied.

There were no responses to the electronic staff survey.

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 care inspection of the agency was undertaken on 12 April 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 12 April 2023		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20. - (1)(3) Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency. (3) The system referred to in paragraph (1) shall provide for consultation with service users and persons acting on behalf of service users.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that there was evidence that consultation with service users had taken place. The manager advised that the agency is in the process of developing regular meetings with a number of service users to review any matters identified in regards to quality of the agency or staff supplied.	

5.2 Inspection findings

5.2.1 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records evidenced that recruitment of staff was managed in conjunction with a recruitment platform. There was evidence that required pre-employment checks including criminal record checks (AccessNI), were completed and verified before registered nurses were supplied to the various health care settings. It was noted that employment references and AccessNI checks for nurses available for supply are completed annually for all staff supplied.

5.2.2 What are the arrangements to ensure robust managerial oversight and governance?

A review of the records indicated that all nurses available for supply were appropriately registered with the NMC. Information regarding registration details, renewal and revalidation dates is retained electronically and monitored by the manager on a monthly basis; this system was reviewed and found to be in compliance with regulations and standards. Records had been retained of any referrals the agency made to the NMC. A spot check completed during the inspection indicated that nurses were appropriately registered.

There was evidence that nurses are required to complete online training in a range of areas and also to undertake practical training as part of their induction. Training modules required included DoLS, adult safeguarding, Dysphagia, and National Early Warning Score (NEWS) as appropriate to their job roles.

The agency has an electronic system for retaining details of staff training; the manager advised that if individual staff fail to complete required training updates they are blocked from being available for supply.

Advice was given in relation to formalising the process of registered nurses receiving local induction in the place supplied. An area for improvement has been made.

There was a system in place to ensure that the registered nurses were placed into settings where their skills matched the needs of patients. The manager advised that staff had recently been provided with additional training in areas such as Venepuncture and Intravenous Cannulation to ensure compliance with the requirements of the regional framework. The manager discussed the challenges encountered when service users do not provide clear details of the skills required by staff to work in specific areas; they stated that nurses are remind that they are required to work within the framework of their NMC registration requirements.

The manager advised that staff receive supervision six months from their start date and an annual appraisal thereafter. The agency's handbook is required to be updated to include details of same; the manager agreed to action this immediately following the inspection.

The agency has a process for managing Adult Safeguarding matters relating to staff supplied, this information is managed by the manager who is identified as the Adult Safeguarding Champion (ASC). The adult safeguarding position report was submitted to RQIA following the inspection. Records viewed in regards to adult safeguarding matters involving nurse supplied by the agency indicated that they had been managed appropriately.

There were quality 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 and staff. It was noted that the reports included details of a range of matters reviewed including adult safeguarding referrals, incidents, complaints and staff training; this supported that manager in identifying any patterns or trends and areas requiring improvement.

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.

Prior to this inspection RQIA had received information in regards to a recent increase in the number of incidents involving registered nurses supplied by the agency to a number of the HSC Trusts. Discussion with the person in charge and the manager identified that the agency was now supplying a significantly higher number of staff since the introduction of the HSC regional workforce framework and that this may have accounted for the marked increase in the number of incidents and on occasions delays in responding to the service user.

The person in charge advised that the agency had recently appointed a deputy manager to support the manager with incident management and a number of other key matters. In addition, the manager advised that that the agency is in the process of developing a system whereby they will meet regularly with representatives from each of the HSC Trusts’ nurse banks to discuss matters of concern and areas requiring improvement. The person in charge stated that they are meeting weekly with the registered manager to review all incidents.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

Records viewed indicated that the agency had a clear system for reviewing incidents involving nurses supplied and for recording actions taken, this included referrals made to the NMC.

The alphabetical list of staff employed by the agency is retained electronically; the person in charge stated that staff are removed if any aspect of their employment/training is non-compliant.

The agency retains all information relating to the agency electronically, records viewed were retained in accordance with the Nursing Agencies Regulations.

It was identified that the agency’s registration certificate was required to be updated to detail the current address of the agency; following the inspection the person in charge advised RQIA of the required changes and a new certificate was issued. Certificates of public and employers’ liability insurance were up to date.

Miss Sussan Agbo has submitted an application to RQIA for registration as the Responsible Individual, this is currently being reviewed. RQIA will keep this matter under review.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Nursing Agencies Minimum Standards (2008)

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the QIP were discussed with Miss Langelihle Dube Registered Manager and Miss Sussan Agbo, Applicant Responsible Individual 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</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that all registered nurses complete a structured orientation and induction in the area supplied to, and a record retained by the agency.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>Following the inspection undertaken on 3rd June 2024, we have taken the following steps to ensure all our registered nurses receive adequate orientation and induction in each ward they are booked into.</p> <ol style="list-style-type: none"> 1. Communication was sent out to all our nurses reminding them of the importance in ensuring an induction and orientation is carried out, not once but in every new ward they are booked into. 2. For all new nurses signed off to work in Northern Ireland, our welcome email has been updated to highlight that it is imperative they ensure an induction is carried out. We have also created an induction form which they must take with them on every shift and must be signed by the individual signing their timesheet. In the instance they forget to complete the form, this can also be actioned on their timesheet. Failure to do so could affect the processing of their timesheets. 3. We have also updated our appraisal form to include induction. On the form we review whether they receive induction and advice them on what to do if this is not being carried out.

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