

# Unannounced Care Inspection Report 17 December 2018



## Medcom Personnel Ltd

**Type of Service: Nursing Agency**

**Address: Suite 7-9, Adelaide House, Hawthorn Business Centre,  
1 Falcon Road, BT12 6SJ**

**Tel No: 07476008973**

**Inspector: Caroline Rix**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Medcom Personnel Ltd is a nursing agency which was registered in August 2015 to supply registered nurses to a range of healthcare settings and to work with service users in their own homes. To date the agency has not been operational.

### 3.0 Service details

|  |   |
|--|---|
| <b>Organisation/Registered Provider:</b><br>Medcom Personnel Ltd.<br><br><b>Responsible Individual:</b><br>Irene Mtisi | <b>Registered Manager:</b><br>Irene Mtisi     |
| <b>Person in charge at the time of inspection:</b><br>Irene Mtisi  | <b>Date manager registered:</b><br>28/08/2015 |

### 4.0 Inspection summary

An unannounced inspection took place on 17 December 2018 from 09.45 to 11.00 hours.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

This inspection was undertaken to establish if the agency was supplying nurses to any setting or regulated service. During discussion with the responsible person the inspector was assured that the agency is not involved in the supply of nurses to any setting.

Evidence of good practice was found in relation to the information contained within of a range of policies and procedures.

Areas for improvement were identified during the inspection in respect of the following procedures:

- safeguarding adults and children
- quality monitoring process
- complaints
- record keeping
- review of policies and procedures

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.

### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 2           | 3         |

Details of the Quality Improvement Plan (QIP) were discussed with Irene Mtisi the responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 15 March 2018**

No further actions were required to be taken following the most recent inspection on 15 March 2018.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the previous care inspection report
- all communications with RQIA

The following information was examined during the inspection:

- Statement of Purpose
- Service User Guide
- recruitment policy and procedure
- whistleblowing policy and procedure
- safeguarding policy and procedure
- induction and training policy and procedure
- supervision and appraisal policy and procedure
- record keeping policy
- quality monitoring policy
- complaints policy

The findings of the inspection were provided to Irene Mtisi the responsible person at the conclusion of the inspection.

#### **6.0 The inspection**

##### **6.1 Review of areas for improvement from the most recent inspection dated 15 March 2018**

The most recent inspection of the agency was an unannounced care inspection.

##### **6.2 Review of areas for improvement from the last care inspection dated 15 March 2018**

There were no areas for improvement made as a result of the last care inspection.

### 6.3 Inspection findings

The responsible person informed the inspector that, although the organisation has been registered as a nursing agency since 28 August 2015, they have not recruited or been involved in the supply of nurses.

The statement of purpose and service user guide were reviewed and found to be satisfactory.

Policies and procedures are maintained on an electronic system, and are also available in a paper format retained in the office for use by staff.

A range of policies and procedures viewed by the inspector were noted to have been developed in February 2015, however, these documents had not been reviewed or updated since this time in accordance with the three yearly timescale outlined within the minimum standards. This area for improvement was discussed with the responsible person who agreed to their review.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be compliant with related regulations and standards.

The agency's staff recruitment policy and procedure details the system for ensuring that all the required staff pre-employment information are obtained prior to commencement of employment. The inspector noted that arrangements were in place to ensure that staff are registered as appropriate with the relevant regulatory body.

The induction programme for new staff was viewed, which included a detailed induction procedure and support mechanisms in place, which is compliant with related regulations and standards.

Staff training and development procedure was viewed and confirmed that all the required mandatory update training subjects are included within the agency's training programme.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The agency's whistleblowing policy and procedure was noted to be satisfactory.

The 'Safeguarding' policy and procedure provided limited information and guidance for staff and is required to be reviewed. The safeguarding procedure did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The agency's procedure has not identified the Adult Safeguarding Champion or detailed their key responsibilities within the procedure in line with required guidance. This is an area for improvement which was discussed with the responsible person. The updated safeguarding procedure is to be submitted to the inspector with their quality improvement plan reply.

The procedure relating to record keeping was viewed. The recording keeping procedure was noted not to be in accordance with legislation and should be revised to reflect the timescales in which records should be retained, as a period of not less than eight years from the date of last entry. The procedure should include guidance in accordance with recent GDPR information. This area for improvement was discussed with the responsible person.

The agency's policy and procedure relating to complaints was viewed. The complaints procedure was noted not to be complaint with Regulation 19; this was identified as an area for improvement and discussed with the responsible person. The complaints procedure section within the agency's statement of purpose was found to be satisfactory. The responsible person agreed to review this procedure and ensure consistent information is maintained in relation to their complaints procedure.

The inspector examined management and governance processes which have been developed. The quality monitoring policy and procedure contained a variety of processes to ascertain and respond to the views of service users including; monitoring visits, phone contact details, review meetings and an annual quality satisfaction survey. This procedure also details the process to review accidents, incidents, compliments and complaints, staffing arrangements, training undertaken and audits of documentation. However, the procedure did not include the monthly monitoring reports of the review of the quality of services provided in accordance with minimum standards. It was discussed that monthly monitoring reports should contain a summary of consultation with service users, their representatives and other professionals and evidenced how any issues arising had been managed. This is an area for improvement and was discussed with the responsible person.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation procedures in place regarding staff recruitment, induction, training, supervision and appraisal.

### Areas for improvement

Areas for improvement identified during the inspection related to updating and review of the following policies and procedures:

- safeguarding adults and children
- quality monitoring process
- complaints
- record keeping
- systematic three yearly review of all policies and procedures

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 2           | 3         |

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Irene Mtisi, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the agency.

The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Nursing Agencies Regulations (Northern Ireland) 2005 and/or the Nursing Agencies Minimum Standards, 2008.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered person should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| <b>Quality Improvement Plan</b>   |   |
|---|---|
| <b>Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005</b>                                 |   |
| <b>Area for improvement 1</b><br><b>Ref:</b> Regulation 18 (b)<br><b>Stated:</b> First time<br><b>To be completed by:</b> 30 January 2019 | The registered person shall review their recording keeping procedure to reflect the timescale in which records should be retained, as a period of not less than eight years from the date of last entry.<br>Ref: 6.3<br><br><b>Response by registered person detailing the actions taken:</b><br><u>———The recording keeping policy has been ammended to 8 years according to R.18.</u> |
| <b>Area for improvement 2</b><br><b>Ref:</b> Regulation 19 (1)<br><b>Stated:</b> First time<br><b>To be completed by:</b> 30 January 2019 | The registered person shall review their procedure for considering complaints made to the registered person by a service user or a person acting on behalf of the service user.<br>Ref: 6.3<br><br><b>Response by registered person detailing the actions taken:</b><br><u>———The complaints procedure has been ammended see copy attached.</u>   |
| <b>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</b>   |   |
| <b>Area for improvement 1</b><br><b>Ref:</b> Standard 2.5   | The registered person shall ensure policies and procedures are subject to a systematic three yearly review or as required, and the registered person ratifies any revisions to, or introduction of, new policies and procedures.  |

|  |  |
|--|--|
| <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 January 2019</p>   | <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/> <u>——All the Policies were revised and updated according to Standard 2.5</u></p>   |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 9.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 January 2019</p>  | <p>The registered person shall review their procedures for safeguarding adults and children in accordance with legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Boards and HSC Trusts.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/> <u>——The Safeguarding policy has been revised and ammended accordingly.</u></p> |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 1.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 January 2019</p> | <p>The registered person shall expand their quality monitoring procedure to ensure the registered person monitors the quality of services and completes a monitoring report on a monthly basis.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/> <u>——The mothyl monitoring system has been implemented and the Quality Monitoring procedure has been updated.</u></p>      |

*\*Please ensure this document is completed in full and returned via Web Portal\**



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