



Announced Care Inspection Report 29 January 2019



Mayday Healthcare Plc

Type of Service: Nursing Agency
Address: 10 Lower Grosvenor Place, London, SW1W 0EN
Tel No: 08703430043
Inspector: Aveen Donnelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

Mayday Healthcare PLC is a nursing agency operating out of an office located at 10 Lower Grosvenor Place, London. The agency currently supplies registered nurses to Health and Social Care Trust (HSCT) hospitals within Northern Ireland.

3.0 Service details

Organisation/Registered Provider: Mayday Healthcare Plc Responsible Individual: Nicholas Paul Poturicich	Registered Manager: Tara Margareata Morgan
Person in charge at the time of inspection: Acting manager	Date manager registered: 14 December 2017

4.0 Inspection summary

An announced inspection took place on 29 January 2019 from 10.00 to 15.30.

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

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction, training, engagement with staff and service users and adult protection.

An area for improvement was identified in relation to the recruitment processes.

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
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Benjamin Brown, Acting manager, 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 16 November 2017

No further actions were required to be taken following the most recent inspection on 16 November 2017.

5.0 How we inspect

Specific methods/processes used in this inspection include the following:

- Discussion with the manager, a senior representative of the responsible person and compliance staff
- Examination of records
- Evaluation and feedback

Prior to inspection the following records were analysed:

- previous RQIA inspection report
- any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- monthly quality monitoring reports
- records relating to staff supervision, appraisal and training
- complaints records
- accident records
- records relating to Adult Protection
- recruitment records pertaining to four registered nurses
- staff induction records
- Induction Policy
- Recruitment Policy
- Management of Records Policy
- Quality Assurance and Improvement Policies
- Adult Safeguarding Policy
- Whistleblowing Policy
- Supervision Policy
- Complaints Policy
- Statement of Purpose
- Service User Guide

The inspector spoke with one registered nurse, by telephone on 29 January 2019.

At the request of the inspectors, the manager was asked to display a poster within the agency's registered premises. The poster invited staff to provide their views by an electronic means to RQIA regarding the quality of service provision; no responses were received.

Information leaflets were provided for display outlining the process for raising concerns about Health and Social Care services.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 November 2017

There were no areas for improvement made as a result of the last care inspection undertaken on 16 November 2017.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of a deputy manager and a team of senior managers, who had responsibility for managing areas such as recruitment, complaints, service user feedback, training and development.

During the inspection the inspector discussed the staffing arrangements in place within the agency and was advised that the agency currently supplies registered nurses to hospitals within the Belfast Health and Social Care Trust, the Northern Health and Social Care Trust and the Southern Health and Social Care Trust.

The review of recruitment records indicated that pre-employment information had generally been completed and verified satisfactorily. However, the files reviewed identified that the system for exploring gaps in employment was not sufficiently robust. In addition, it was noted that the full employment histories were not consistently recorded in the records reviewed. This was discussed with the manager, who agreed to amend the agency's recording system, to ensure that this information would be available for future inspection. This has been identified as an area for improvement.

The agency's induction policy outlines the induction programme provided to staff nurses prior to their commencement of employment. The agency maintains a record of the induction programme provided to staff; documentation viewed outlined the information and support provided during the induction process. Local induction was provided to nurses at the start of placements, according to the local trust protocols. The manager described how they contacted the staff nurses, following their first working day, to enable them to identify any potential difficulties they may have. A 'buddy' system was also in place, where nurses from the agency, working in the same setting, were placed on the same working shift, where possible. This aimed to provide an additional source of on-site support to the registered nurses.

The agency's supervision and appraisal policies outline the procedures and timescales for staff supervision and appraisal. An electronic system was in place, which ensured good

management oversight of when staff were due to have formal supervisions. The review of the staff' records confirmed that supervisions and appraisals had been undertaken with staff, in keeping with the agency's policies.

The agency requests that service users complete feedback reports in relation to the performance of staff nurses provided. Any issues arising from the feedback reports or any incident reports are discussed with the registered nurses, as appropriate.

There was a system in place to ensure that all nurses are registered with the Nursing and Midwifery Council (NMC) and to identify when they are due to renew their registrations. There was also evidence that nurse' registrations were checked on a weekly basis, when any registered nurse was returning to work after a period of leave and at the revalidation date. This is good practice and is commended.

The manager described the support that is provided to staff to support them in achieving the requirements for revalidation the NMC.

Staff nurses are required to complete induction training in a range of mandatory areas. Individual staff records reviewed indicated that nursing staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified.

The agency has an electronic system in place for recording staff training; it was noted that the system will highlight when training updates are required. The record indicated that staff provided for work have successfully completed required mandatory training and in addition any training specific to the needs of individual service users. The manager could describe the procedure for informing nursing staff when training updates are required and stated that staff are not provided to work if training updates have not been completed. Additional training in areas such as Prevention, Management of Violence and Aggression (PMVA), intravenous medication administration, care of the acutely unwell patient, tissue viability and mental capacity awareness can also be provided to relevant staff.

The inspector viewed feedback received from one trust area, regarding concerns identified in the trust's hand hygiene audit. Following the inspection, this matter was discussed with the manager, who described the actions the agency had taken in response to this concern. Given that this complaint was ongoing on the day of the inspection, this matter will be followed up at future inspection.

The inspector reviewed the agency's provision for the welfare, care and protection of patients. The manager described the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; it was identified that the agency has reviewed and updated their policy and procedures to reflect information contained within the policy. The manager has been identified as the Adult Safeguarding Champion (ASC) for the agency; and had commenced the process of completing the annual position report. The manager was knowledgeable in relation to the reporting procedures and a review of the records confirmed that an adult safeguarding incident had been managed appropriately. Advice was given in relation to including local safeguarding contact details in the staff handbook.

The manager described the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to patients' health, welfare and safety.

The manager described the process for appropriately assessing the requirements of individual service users; it was noted that a curriculum vitae was completed for each registered nurse, outlining their skills and experience. This information is sent to the service users in advance of supply, to ensure that the service users are satisfied with the experience of the registered nurse being supplied. The manager described how the matching process is overseen by registered nursing staff.

Areas of good practice

Areas of good practice were identified in relation to staff induction, training, appraisal and the agency's adult protection processes.

Areas for improvement

An area for improvement has been made in relation to the recruitment processes.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

During the inspection the inspector reviewed that agency's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose and Service User Guide.

The agency's management of records and information policy detailed the process for the creation, storage, retention and disposal of records; it was noted from documentation viewed that the recording keeping procedure was not 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. Following the inspection, the updated policy was submitted to RQIA on 4 February 2019. The inspector was satisfied that this had been addressed.

Discussions with the manager and records viewed evidenced that the agency has systems in place to monitor, audit and review the effectiveness and quality of the service provided to service users. The systems include processes for the review of training, complaints, incidents, safeguarding referrals and in addition audits of service user feedback and documentation. A quality monitoring review and report were completed on a monthly basis.

Processes to promote effective communication with service users, agency nurses and other relevant stakeholders were evident on inspection.

Discussions with manager indicated that the agency seeks to maintain effective working relationships with service users. The manager stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of nurses

provided. The agency has a process for obtaining the comments of service users in relation to nurses provided.

The manager could clearly describe the procedure for addressing concerns relating to individual nurses. The inspector discussed with the manager the process followed in relation to one identified staff member; this evidenced that the agency's procedure for dealing with concerns was robust and provided evidence of collaborative working with other relevant stakeholders.

Areas of good practice

Areas of good practice were identified in relation to record keeping, communication and the agency's quality monitoring process.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

It was identified that staff are provided with information relating to confidentiality during their induction programme; the agency's staff handbook includes a number of key policies including the agency's confidentiality policy.

The agency has in place on call arrangements to ensure that nurses and service users can report concerns they may have regarding a placement or to access support and guidance. Nurses were also encouraged to raise any concerns they may have via the agency's webportal.

The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

The inspectors noted that the agency has in place a system for obtaining the views and opinions of service users. The manager described the processes for receiving feedback from service users following the provision of nurses. Formal processes to record and respond to service user feedback are maintained through the agency's complaints, incidents and monthly quality monitoring processes.

Views of service users had been sought as part of the annual monitoring processes. Examples of comments viewed are listed below:

- "We have found Mayday to be responsive, helpful and professional with their service and their nursing staff. I would strongly recommend their services to any trust looking to engage a new supplier."

As part of the inspection process, the inspector spoke with one registered nurse, who indicated that they were satisfied with the service provided by the agency.

Areas of good practice

Areas of good practice were identified in relation to communication and effective engagement with service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed the agency’s management and governance systems in place to meet the needs of service users.

It was identified that the agency has a range of policies and procedures in place. Advice was given in relation to recording the review dates of policies to ensure that they were reviewed and updated in accordance with the Minimum Standards, relevant legislation and guidelines.

It was identified that policies and procedures were retained electronically which staff could access. A number of key policies and procedures were included within the agency’s staff handbook.

Records viewed and discussions with the manager indicated that the agency’s governance arrangements promote the identification and management of risk. These include provision of relevant policies and procedures; monitoring of training; monthly audit of registration status with the NMC, complaints, safeguarding incidents and incidents notifiable to RQIA. A Quality Report was undertaken and a service improvement plan was developed on an annual basis.

The agency’s complaints policy outlines the procedure for managing complaints. Records viewed evidenced that the agency had received a small number of complaints since the previous inspection. Discussion with the manager indicated and a review of records confirmed that all complaints had been managed appropriately. Service users’ were encouraged to raise any concerns via the agency’s webportal system.

Governance and management arrangements were in place to drive quality improvement. Arrangements for the ongoing management and monitoring of incidents and complaints was reviewed; the manager described the importance of regularly reviewing and monitoring of services provided to identify areas for improving the quality of the service.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff.

The agency's Statement of Purpose and Service User Guide are kept under review.

On the date of inspection the RQIA certificate of registration was viewed and was reflective of the service provided.

Discussion with the manager indicated that there are effective collaborative working relationships with service users. The agency has a process for ensuring that they actively seek feedback from service users following staff have been provided; the inspector viewed feedback received by the agency and noted that they contained a range of positive comments in relation to the service provided.

Areas of good practice

Areas of good practice were identified in relation to the agency's policies and procedures; engagement with service users and the management of complaints.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

The registered provider/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.

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 provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d) Schedule 3 (8)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (d)full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This relates specifically to the need for full employment histories to be recorded, together with a satisfactory written explanation of any gaps in employment.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Following the inspection by the RQIA we have updated our registration portal. As a result of this; full employment histories of all prospective candidates being deployed in Northern Ireland are collected.</p> <p>In addition to this there is the provision for candidates to explain employment gaps which will be verified by the Registered Manager prior to an employment decision being made.</p> <p>.</p>



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