



**The Regulation and
Quality Improvement
Authority**

**Mid-Ulster Nursing Agency
RQIA ID: 12242
2b Rainey Street
Magherafelt, Londonderry
BT45 5AG**

**Inspector: Amanda Jackson
Inspection ID: IN22845**

**Tel: 02879300051
Email: mkdeee@aol.com**

**Announced Care Inspection
of
Mid-Ulster Nursing Agency**

08 March 2016

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An announced care inspection took place on 8 March 2016 from 09.00 to 15.15 Overall on the day of the inspection the Agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the quality improvement plan appended to this report. This inspection was underpinned by The Nursing Agencies Regulations (Northern Ireland) 2005, and The DHSPSS The Nursing Agencies Minimum Standards (2008).

2. Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

3. Actions/Enforcement Resulting From This Inspection

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

4. Inspection Outcome

	Requirements	Recommendations
Total Requirements and Recommendations Made	4	5

The details of the QIP within to this report were discussed with the registered person as part of the inspection process. The timescales for completion commence from the date of inspection

5. Service Details

Registered Organisation/ Registered Provider Mid-Ulster Nursing Agency/Mr Michael Devlin	Registered Manager: Ms Pauline McDonald
Person in Charge of the agency at the time of Inspection: Mr Michael Devlin	Date Registered: 12 May 2015
Number of service users in receipt of a service on the day of Inspection: 3	Number of registered nurses, health visitors and midwives on the agency's books: 5

6. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following themes: Nurse Training and Vulnerable adults and children are protected from abuse.

7. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous quality improvement plan
- Notifiable events.

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

- Discussion with the registered person
- Examination of records
- File audits
- Evaluation and feedback.

The following records were examined during the inspection

- Statement of purpose
- Service user guide
- Complaints policy
- Recruitment policy
- Vulnerable adults policy
- Child protection policy
- Whistle blowing policy
- Recording of care policy
- Health and safety policy

- Responding to requests for private nursing care policy
- Provision of nursing care policy
- Assessment and placement of nurses policy
- Induction programme policy
- Staff training and development policy
- Induction competency assessment for one staff
- Two trainer profiles regarding qualifications and training programme
- Three staff training records and competency assessments
- Two incident records
- Quality monitoring process
- Staff handbook
- Three staff pre-employment checklists
- Three staff induction records
- Three staff supervision records
- Staff handbook.

Discussions with two staff members took place on the day of inspection via telephone. The feedback from staff discussions supported staff being happy within their role and working for Mid-Ulster Nursing Agency. Staff described training as appropriate to their needs, delivered regularly and ongoing, covering a range of mandatory areas in line with RQIA training guidelines (2012). Staff presented an appropriate knowledge in the area of vulnerable adults in line with theme two of this report. Staff discussed appropriate and ongoing line management support and informed the inspector that supervisions take place at varying intervals during the year.

The inspector also spoke with two nursing home managers during the inspection day (via telephone) regarding the quality of staffing and care provision provided by Mid-Ulster Nursing Agency. Both managers expressed satisfaction with the service and staff provided via the agency stating Mid-Ulster Nursing Agency provides a professional and responsive service with appropriately trained and competent staff attending the homes. Both managers highlighted that matters regarding staff practice had been raised in the past and were appropriately addressed by the agency in a timely matter and to a satisfactory conclusion.

The inspector would like to extend gratitude to the registered person of Mid-Ulster Nursing Agency for their hospitality and contribution to the inspection process.

8. The Inspection

8.1 Review of Requirements and Recommendations from Previous Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 4 and Schedule 1	The registered person and manager are required to review and revise the Statement of Purpose in compliance with Regulation 4 and Schedule 1.	Met
	Action taken as confirmed during the inspection: Review of the revised Statement of purpose dated 19 February 2015 was confirmed as compliant with Regulation 4 and Schedule 1 and the specified areas from the previous inspection under requirement one.	
Requirement 2 Ref: Regulation 5	The registered person and manager are required to review and revise the Service user guide in compliance with Regulation 5 and Appendix 1(page 41) of the Nursing Agency standards.	Met
	Action taken as confirmed during the inspection: Review of the revised Service user guide dated 19 February 2015 was confirmed as compliant with Regulation 5 and the specified areas from the previous inspection under requirement two.	
Requirement 3 Ref: Regulation 19	The registered person and manager are required to review and revise the Complaints policy and procedure in compliance with Regulation 19 and Standard 8 of the Nursing Agency standards.	Met
	Action taken as confirmed during the inspection: Review of the revised Complaints policy and procedure dated 19 February 2015 was confirmed as compliant with Regulation 19 and the specified areas from the previous inspection under requirement three.	
Requirement 4 Ref: Regulation 12 and Schedule 3	The registered person and manager are required to review and revise the Recruitment policy and procedure in compliance with Regulation 12 and Schedule 3.	Met
	Action taken as confirmed during the inspection: Review of the revised Recruitment policy dated 1 February 2015 was confirmed as compliant with Regulation 12 and Schedule 3 and the specified areas from the previous inspection under requirement four.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 2 and Appendix 3	The registered person and manager are recommended to review and revise all policies and procedures in compliance with standard 2.	Met
	Action taken as confirmed during the inspection: All policies reviewed were confirmed as compliant with Standard 2 and Appendix 3 and were found to be centrally indexed, signed and dated as recommended at the previous inspection.	
Recommendation 2 Ref: Standard 2 and Appendix 3 Standard 9	The registered person and manager are recommended to review and revise the Vulnerable Adults policy and procedure in compliance with standard 2 and standard 9.	Met
	Action taken as confirmed during the inspection: Review of the revised Protection of Vulnerable adults policy dated 19 February 2015 was confirmed as compliant with Standard 2, Appendix 3 and Standard 9 and the specified areas from the previous inspection under recommendation two. The policy does however require further update in accordance with the 2015 DHSSPS guidance on Adult Safeguarding and this has been detailed within the QIP of the report.	
Recommendation 3 Ref: Standard 2 and Appendix 3 Standard 9	The registered person and manager are recommended to review and revise a Child Protection procedure in compliance with standard 2 and standard 9.	Met
	Action taken as confirmed during the inspection: Review of the revised Safeguarding children policy dated 19 February 2015 was confirmed as compliant with Standard 2, Appendix 3 and Standard 9 and the specified areas from the previous inspection under recommendation three.	

<p>Recommendation 4</p> <p>Ref: Standard 1.17 Standard 2 and Appendix 3</p>	<p>The registered person and manager are recommended to review and revise their Whistle blowing procedure in compliance with standard 1.17 and Standard 2.</p> <p>Action taken as confirmed during the inspection: Review of the revised whistleblowing policy dated 2 February 2015 was confirmed as compliant with Standard 1.17, Standard 2 and Appendix 3 and the specified areas from the previous inspection under recommendation four.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 13</p>	<p>The registered person and manager are recommended to review and revise their policy regarding Recording of care in compliance with standard 13.</p> <p>Action taken as confirmed during the inspection: Review of the revised Recording of care policy dated 01 February 2015 was confirmed as compliant with Standard 13 and the specified areas from the previous inspection under recommendation five.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 1.24 Standard 2 and Appendix 3</p>	<p>The registered person and manager are recommended to review and revise their Health and safety policy relevant to the Nursing agency.</p> <p>Action taken as confirmed during the inspection: Review of the revised Health and safety policy dated 21 April 2015 was confirmed as compliant with Standard 1.24, Standard 2 and Appendix 3 and the specified areas from the previous inspection under recommendation six.</p>	<p>Met</p>
<p>Recommendation 7</p> <p>Ref: Standard 11 Standard 2 and Appendix 3</p>	<p>The registered person and manager are recommended to review and revise their policy on Responding to requests for private nursing care.</p> <p>Action taken as confirmed during the inspection: Review of the revised Private nursing care referrals policy dated 01 February 2015 was confirmed as compliant with Standard 2, Appendix 3 and Standard 11 and the specified areas from the previous inspection under recommendation seven.</p>	<p>Met</p>

Recommendation 8 Ref: Standard 12	The registered person and manager are recommended to review and revise their policy on Provision of nursing care.	Met
	Action taken as confirmed during the inspection: Review of the revised Provision of nursing care policy dated 01 February 2015 was confirmed as compliant with Standard 12 and the specified areas from the previous inspection under recommendation eight.	
Recommendation 9 Ref: Standard 7	The registered person and manager are recommended to review and revise their policy titled Assessment and placement of nurses.	Met
	Action taken as confirmed during the inspection: Review of the revised Assessment and placement of nurses policy dated 01 February 2015 was confirmed as compliant with Standard 7 and the specified areas from the previous inspection under recommendation nine.	
Recommendation 10 Ref: Standard 6	The registered person and manager are recommended to review and revise their policy titled Induction programme in compliance with standard 6.1.	Met
	Action taken as confirmed during the inspection: Review of the revised Induction programme policy dated February 2015 was confirmed as compliant with Standard 6.1 and the specified areas from the previous inspection under recommendation ten.	

8.2 Theme 1: Nurse Training -The agency has procedures in place to ensure all nurses are appropriately trained and qualified for their roles.

Is Care Safe?

Mid-Ulster Nursing Agency is a small nursing agency with five nurses employed and one nurse manager overseeing the recruitment process. The agency currently supply's nurses to three nursing homes. The agency also plans to operate as a recruitment agency involved in the supply of care staff and made contact with the Department of Employment and Learning (DEL) during the inspection day.

The agency has a training and development policy that had been approved, signed and dated. The policy was found to be in compliance with the RQIA mandatory training guidelines (2012).

There was evidence that the training needs of individual nurses are identified and records viewed confirmed that the agency had systems in place to provide nurses with a range of mandatory training compliant with RQIA mandatory training guidelines (2012). The agency do

not currently provide any additional training and this was discussed during inspection for consideration. Two out of three staff records reviewed during inspection were found to be out of date regarding staff training in the areas of infection control and first aid. Medication and manual handling training for staff did not contain a competency assessment regarding practical application and this was discussed with the registered person during inspection.

Information examined indicated that each new nurse must complete an induction prior to any placement. Training records examined provided evidence that three nurses employed by the agency had completed induction training but all staff had completed a one day induction programme within the agency followed by other areas of training. Records did not clearly reference a three day induction programme, a requirement has been made in this regard. As all staff have employed with the agency less than a year ongoing mandatory training records were not reviewed at inspection.

Discussion with the registered person and two nurses confirmed that a supervision procedure/process has commenced and this was reviewed during inspection. Appraisal processes have not taken place as the agency is not operational a year at the time of inspection. The agency has a system for staff supervision however evidence did not support a consistent approach to this. The inspector requires the agency to review their current supervision processes in accordance with regulation 14(2)(a), the agency's policy and procedure and consider how this procedure will apply to those staff who work full time for the agency and for those staff who work within other employment.

On the day of the inspection there was substantial evidence that administration systems are well organised with all required records presented upon requested.

Is Care Effective?

The training files relating to three nurses were examined and contained evidence that the agency had documentary evidence of the nurse's previous learning, professional development and practice experience.

Arrangements in place to ensure that skills and expertise of each nurse is matched to the requirements of placements were reviewed during inspection.

Arrangements were in place to check that each nurse is registered with NMC at employment commencement and ongoing on a monthly basis.

Records examined found that the training needs of three nurses had been identified as part of the agency induction process.

Is Care Compassionate?

There was no evidence that the effect of the nurses training is evaluated as part of quality monitoring. This process has only recently been commenced by the agency and not in compliance with the agencies own policy and procedure timeframes. A requirement has been made in this respect.

The review of staff training records informed the inspector there are some arrangements in place to ensure nurses are appropriately trained and qualified for their roles.

Feedback from two home managers (via telephone) on the inspection day regarding staff placements was found to be positive with both managers discussing a professional and efficient service provided by Mid-Ulster Nursing Agency with appropriately skilled and competent staff.

Areas for Improvement

The agency is required to review a number of areas under theme one including the skills and competence assessment of staff prior to placement and ongoing, details of the full induction process for staff and ongoing mandatory training records. The supervision and appraisal policy and procedure is required for review to ensure all staff receive appropriate supervision and appraisal in line with regulation 14(2)(a). Quality monitoring of staff and completion of monthly quality monitoring reports by the registered person is required and review of staff placements to ensure the suitably skilled and competent staff to all services ongoing. Revision of the vulnerable adults policy and procedure in accordance with 2015 DHSSPS guidance. Records relating to all incidents are to be maintained and available for inspection at all times.

Number of Requirements	3	Number Recommendations:	5
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8.3 Theme 2: Vulnerable adults and children are protected from abuse.

Is Care Safe?

The agency had policies and procedures for protecting vulnerable adults and children in accordance with legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Board and the relevant HSC trust; however the vulnerable adult policy requires amendment to reflect the most recent DHSSPS updates. The registered person confirmed the agency was not providing a service to children at this time.

Staff training records examined confirmed that procedures for protecting vulnerable adults and for safeguarding children and young people are included in the training programme for staff.

There is a written policy on "Whistle Blowing" and procedures that identify to whom staff report concerns about poor practice. The inspector recommended updating this policy to include contact numbers for the relevant people and to ensure the information is reviewed alongside the staff handbook to ensure consistency of information provided to staff. The agency are also required to update the vulnerable adults and child protection information within the staff handbook following review.

The registered person reported to date there had been two medication incidents relating to staff practice, one incident was reviewed under safeguarding arrangements. The registered person appeared fully familiar with the reporting of any such event but had not retained records of staff statements in respect of both incidents, a requirement has been made in this regard.

Is Care Effective?

On the day of the inspection the registered person informed the inspector of the range of safeguards the agency had implemented to ensure vulnerable adults and children are protected from abuse. This included the arrangements in place that ensure all necessary pre-employment

checks are completed and considered. Pre-employment checks reviewed during inspection including nurses NMC registration and Access NI where confirmed as appropriate.

The registered person reported that they were confident that prior to placement agency nurses were provided with the relevant information to ensure they took appropriate action in the event of a suspicion of, or actual abuse. The registered person was confident with the role of the agency manager and responsibility regarding any investigation in the event of an allegation of abuse being made.

Is Care Compassionate?

The registered manager is a trained registered nurse and is fully involved in the recruitment process. There was evidence that the agency had appropriate pre-employment checks completed.

The registered person discussed how nurses employed complete an induction that includes training in all aspects of abuse and the protection of vulnerable adults and children. Review of three staff induction records confirmed training. Refresher training is planned to be provided for nurses on an annual basis but this was not reviewed during inspection as the agency has only been operational since mid-2015. The registered person confirmed that the agency currently operates a supervision programme for nurses employed. Review of this process during inspection confirmed the process has commenced but is not in line with the agency's policy timeframes, a requirement has been stated in this regard.

Discussion with the registered person, review of training materials and discussions with two nurse's demonstrate that the agency promotes the core values of care and takes account of the minimum standards and regulations in respect of this theme.

There was evidence to confirm that the agency had arrangements in place to obtain service users views about nurses regarding their performance and competencies, this process has just been implemented with no responses received by the agency to date hence this was not reviewed during the inspection. The inspector questioned the procedure for completing such quality monitoring as the current process was not in line with the agency's own policy timeframes. A requirement and recommendation set within theme one reference quality monitoring for review. The registered person expressed they had no concerns about their nurses practice and confirmed they were in receipt of nurse's training regarding the protection of vulnerable adults. The inspector reviewed three staff records and confirmed training as stated by the registered person.

Areas for Improvement

The agency is required to review the vulnerable adults policy and procedure to ensure it is in line with the 2015 DHSSPS guidance. Review of the whistleblowing policy has also been recommended for review to ensure staff are provided with the appropriate contact details. As per theme one the agency is required to review the supervision policy and procedure to ensure all staff receive appropriate supervision and appraisal in line with regulation 14(2)(a). All records of incidents are required to be completed and held centrally for inspection review.

Number of Requirements	1	Number Recommendations:	0
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Additional areas examined:

Monthly monitoring by the registered person

The agency does not currently have a monthly monitoring process or report compliant with standard 1.12. The registered person confirmed this process would be commenced with immediate effect. A requirements has been made under theme one in this regard.

Annual quality report

The agency has not completed an annual quality review/report in accordance with standard 1.13 as the agency has only been operating less than a year. This process was discussed during inspection with the registered person.

Complaints

The inspector reviewed two incidents/ complaints during inspection which related to a nurses medication practice. All records relating to staff statements were not held by the agency and a requirement has been made in the QIP.

9. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the Quality Improvement Plan. Details of this Quality Improvement Plan were discussed with the registered person as part of the inspection process. The timescales commence from the date of inspection.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

9.1 Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Agencies Regulations (Northern Ireland) 2005.

9.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Nursing Agencies Minimum Standards (2008). They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

9.3 Actions Taken by the Registered Manager/Responsible Person

The Quality Improvement Plan will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The responsible person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk to be assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 12(1)(b)

Stated: First time

To be Completed by: Immediate and ongoing from the date of inspection

The registered person shall ensure that no nurse is supplied by the agency unless-
(b) he has the qualifications, knowledge, skills and competencies which are necessary for the work which he is to perform (regarding three day induction process and ongoing mandatory training).

Response by Registered Person(s) Detailing the Actions Taken:

All nurses supplied by the agency are NMC registered. They will be competent, have the necessary qualifications and skills to perform. Mandatory training will be completed, also a 3 day induction before commencement of any shift.

Requirement 2

Ref: Regulation 14(2)(a)

Stated: First time

To be Completed by: Immediate and ongoing from the date of inspection

The registered person shall ensure that each employee of the agency-
(a) receives appropriate supervision.

Response by Registered Person(s) Detailing the Actions Taken:

Supervision policy will be reviewed. All nurses / carers will have a supervision carried out every 3 months.

<p>Requirement 3</p> <p>Ref: Regulation 14(3)(i)</p> <p>Stated: First time</p> <p>To be Completed by: 08 June 2016</p>	<p>The registered person shall-</p> <p>(i) collect information from service users about performance of nurses employed for the purposes of the agency.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Service users will be sent out a questionnaire to complete to provide us with information on how our staff member performed and if they were satisfied with their work.</p> <p>This has previously been done although information was not returned to the agency.</p>
<p>Requirement 4</p> <p>Ref: Regulation 18</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 the records specified in Schedule 4 are maintained. Are available at all times for inspection (regarding incident records).</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All records will be kept up to date and made available for inspection.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 9</p> <p>Stated: First time</p> <p>To be Completed by: 08 May 2016</p>	<p>Procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Boards and HSC Trusts.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The Vulnerable Adults Policy will be reviewed in accordance to 2015 DHSSPS Guidance.</p>
<p>Recommendation 2</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing from the date of inspection</p>	<p>Newly appointed staff, are required to complete structured orientation and induction.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All new staff will complete a structured orientation and induction over a three day period. Mandatory training will be completed during this period.</p>

<p>Recommendation 3</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing from the date of inspection</p>	<p>Mandatory training requirements are met.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All staff will complete mandatory training. This will be monitored and updated on a yearly basis.</p>
<p>Recommendation 4</p> <p>Ref: Standard 3.3</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing from the date of inspection</p>	<p>Records required under the HPSS (Quality Improvement and Regulation) (NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times (regarding incidents records).</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All records will be available for inspection at all times.</p>

<p>Recommendation 5</p> <p>Ref: Standard 1.12</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered person monitors the quality of services in accordance with the nursing agency's written procedures and completes a monitoring report on a monthly basis.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Quality of services will be monitored and documented on a monthly basis by the registered person.</p>
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Registered Manager Completing QIP	<i>[Signature]</i>	Date Completed	29/4/16
Registered Person Approving QIP	<i>[Signature]</i>	Date Approved	29/04/16
RQIA Inspector Assessing Response	a. Jackson	Date Approved	4/5/16

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