

Inspection Report

11 April 2024



Ametrine Nursing Care

Type of service: Nursing Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Ametrine Care Services Ltd	Registered Manager: Mr. Jose Loureiro
Responsible Individual: Mr. Ian Morgan, Applicant	Date registered: Acting since 8 January 2024
Person in charge at the time of inspection: Applicant Responsible Individual	
Brief description of the agency operates: Ametrine Nursing Care is registered with RQIA as a Nursing Agency and currently supplies registered nurses to care homes throughout Northern Ireland. The agency operates from an office located in Belfast.	

2.0 Inspection summary

An announced inspection was undertaken on 11 April 2024 between 9.55 a.m. and 1.10 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training. Adult safeguarding arrangements, complaints, whistleblowing, and the system for retaining records were also reviewed.

Enforcement action resulted from the findings of this inspection. A number of breaches in Regulations and Standards were identified, giving rise to concerns regarding the effectiveness of governance and oversight within the agency; these were in relation to the Agency's Statement of Purpose; the lack of updates to key policies; adult safeguarding procedures and lack of retention of documentary evidence of nurse qualifications. In addition, breaches were identified in relation to the process for matching competency and skills, and to the absence of monthly quality monitoring reports.

A Serious Concerns meeting was held on 26 April 2024 with Mr Ian Morgan, applicant Responsible Individual, Mr. Jose Loureiro, Acting Manager, Mr. Derek Brown, Managing Director (UK), Xpress Health and Mr. Sanjay Abraham, Director to discuss these shortfalls.

During the meeting the applicant Responsible Individual provided a full account of the actions already taken and those to be taken in order to drive improvement and ensure that the concerns raised at the inspection were addressed.

Following the meeting, RQIA decided to allow the applicant Responsible Individual a period of time to demonstrate that the improvements had been made and advised that a further inspection will be undertaken to ensure that the concerns had been effectively addressed.

A Quality Improvement Plan (QIP) was issued outlining the areas for improvement required in respect of the issues identified as being of concern.

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 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.

An electronic survey was provided to service users and staff to enable them provide feedback on the quality of services provided by the agency.

4.0 What people told us about the agency?

As part of the inspection process, we sought feedback from service users and registered nurses.

The information provided indicated that they had no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I never have any issues."
- "The communication is good."

A number of registered nurses responded to the electronic survey indicating that they felt 'very satisfied'/'satisfied' in relation to the training and support provided to them by the agency.

Written comments included:

- "Ametrine Care services is one the reputable agencies that provide care services that is client centred. Their employees are fully equipped with skills through continuous learning and training to meet up with clients/ patients' needs."

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 9 February 2023 by a care inspector. No areas for improvement were identified.

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 confirmed that pre-employment checks of criminal record checks (AccessNI) were completed and verified before registered nurses were supplied. Documentary evidence of nurse qualifications for those nurses supplied by the agency was not available on the day of inspection. An area for improvement has been identified.

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

A review of the records confirmed that all registered nurses were appropriately registered with the Nursing and Midwifery Council (NMC). Information regarding registration details, renewal and revalidation dates was monitored by the acting manager. The agency had not made any referrals to the NMC.

It was good to note that registered nurses had supervisions undertaken in accordance with the agency's policies and procedures.

There was no system in place to ensure that the registered nurses were placed into settings where their skills closely matched the needs of patients. An area for improvement has been identified in this regard.

Nurses were provided with training appropriate to the requirements of the settings in which they were placed. This training included Deprivation of Liberties Safeguards (DoLS), adult

safeguarding, Dysphagia, Resuscitation Training and Moving and Handling Training, as appropriate to their job roles.

The Agency's Statement of Purpose (SoP) required update and improvement in keeping with Regulation. This was identified as an area for improvement. In addition, several policies such as Records Management and Moving and Handling required updating. An area for improvement has been stated.

The agency's adult safeguarding procedures were reviewed. It was noted that the agency's Adult Safeguarding Champion did not have the requisite training commensurate with this role. In addition, an annual Adult Safeguarding Position report had not been compiled in respect of the agency. An area for improvement has been stated in this regard.

There were no quality monthly monitoring arrangements in place in compliance with Regulation. This was identified as an area for improvement.

No Annual Quality Report had been compiled. This was identified as an area for improvement.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The alphabetical list of staff employed by the agency was up to date.

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

The agency's Responsible Individual/Registered Manager had vacated their post earlier this year. There was a delay in RQIA being notified of this change, as required by Regulation. The requirement for prompt notifications to RQIA was highlighted to the person in charge. RQIA will keep the acting manager arrangements within the agency under review.

6.0 Quality Improvement Plan/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 the Nursing Agencies Minimum Standards (2008).

	Regulations	Standards
Total number of Areas for Improvement	4	3

Areas for improvement and details of the QIP were discussed with Mr Ian Morgan, applicant Responsible Individual, Mr. Jose Loureiro, Acting Manager and Mr. Derek Brown, Managing Director (UK), Xpress Health 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 Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 12(1)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from date of inspection</p>	<p>The registered person shall ensure that no nurse is supplied by the agency unless full and satisfactory information is available in relation to him. This refers specifically to documentary evidence of nurse qualifications.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All applicants must provide proof of nursing qualifications and same is now available on each individuals profile for quick and direct access.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 6(a)</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 keep the Statement of Purpose under review.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Statement of purpose has now been reviewed and all significant and relevant changes ammended.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 10(1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection.</p>	<p>The registered provider and the registered manager shall, having regard to the size of the agency, its statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill. This relates specifically to training for the adult safeguarding champion and an annual adult safeguarding report.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Registered person for the service, Mr. Ian Morgan Has now completed Safeguarding Champion Training and Mr. Jose Loureiro, Acting Nurse Manager for the Service has training booked for the 20th of August 2024, this being the next available date from all NI providers.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 20(1)</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 introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency. This relates specifically to the completion of robust quality monitoring reports on a monthly basis.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Monthly Reports have been put in place and this is monitored and reviewed by the Acting Nurse Manager Mr Jose Loureiro and Responsible Person for the Service, Mr Ian Morgan.</p>
<p>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 7</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 selection of nurses for supply ensures appropriate matching of nurses by reviewing previous roles, practice experience and competency.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All applicants must provide skill list and previous experiencing settings at the moment of their interview to the Acting Registered Manager, Mr Jose Loureiro. All additional information should be added by the recruitment team to each individual files and updated accordingly.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 2</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 policies and procedures are in place, reviewed and are subject to systematic review. This specifically refers to the Records Management Policy and Moving and Handling Policy.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Record Management Policy and Moving and Handling of people have been reviewed and updated accordingly (all sent previously via email and can be access via companies portal).</p>

<p>Area for improvement 3</p> <p>Ref: Standard 1.13</p> <p>Stated: First time</p> <p>To be completed by: Immediate and on-going from the date of inspection.</p>	<p>The registered person shall evaluate the quality of services provided on a least an annual basis and follow-up actions taken.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>There's a Montghly report now in place and created by the acting nurse manager and reviewed by Ian Morgan, responsible person for the service . And an annual report is to be created and made ava ilable in the companies portal, that summarises the annual/ overall performance of the service.</p>

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