

Inspection Report

16 August 2024



Ametrine Nursing Care

Type of service: Nursing Agency
Address: Building 3, The Sidings Complex, Lisburn BT28 3AJ
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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: Application not yet submitted
Person in charge at the time of inspection: Mr. Ian Morgan	
Brief description of the accommodation/how the service 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 Lisburn.	

2.0 Inspection summary

An announced inspection took place on 16 August 2024 between 9.50 a.m. to 12.40 p.m. This inspection was conducted by a care inspector.

At an inspection on 11 April 2024, serious concerns were identified 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.

Following a Serious Concern Meeting with the applicant Responsible Individual on 26 April 2024, a period of time was allowed to enable the agency to take the required actions to demonstrate compliance with Regulations and Standards. This inspection was undertaken to ensure these actions had been completed effectively. RQIA was satisfied the required improvements were in place.

Two new areas for improvement were identified as a result of this inspection.

For the purposes of the inspection report, the term 'service user' describes the health care settings 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.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included: notes of the Serious Concern meeting, the previous quality improvement plan issued, registration information, and any other written or verbal information received from service users or staff.

A range of documents were examined to determine that effective systems were in place to manage the agency.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Due to the specific inspection focus, service users were not consulted with as part of the inspection process.

An electronic survey was issued to staff. No responses were received.

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 11 April 2024 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 11 April 2024		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12(1)(b) Stated: First time To be completed by: Immediate and ongoing from date of inspection	<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>Action taken as confirmed during the inspection: Inspector confirmed this evidence was available and up to date at the time of inspection.</p>	Met
Area for improvement 2 Ref: Regulation 6(a) Stated: First time To be completed by: Immediate and ongoing from the date of inspection.	<p>The registered person shall keep the Statement of Purpose under review.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that the Statement of Purpose has been updated to reflect regulation.</p>	
Area for improvement 3 Ref: Regulation 10(1) Stated: First time To be completed by: Immediate and ongoing from the date of inspection.	<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>Action taken as confirmed during the inspection: Inspector confirmed that the appropriate training and the annual safeguarding report have been completed.</p>	Met

<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>Action taken as confirmed during the inspection: Inspector confirmed monthly monitoring reports are now in place.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</p>		<p>Validation of compliance</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>Action taken as confirmed during the inspection: Inspector confirmed that a process is now in place for matching the skills and expertise of nurses to the requirements of placements.</p>	<p>Met</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>Action taken as confirmed during the inspection: Inspector confirmed this area for improvement was met in relation to these two named policies.</p>	<p>Met</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>Action taken as confirmed during the inspection: Inspector confirmed this report is in place.</p>	<p>Met</p>

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 criminal record checks (AccessNI), were completed and verified before registered nurses were supplied to the various health care settings.

There was no evidence that health details, including immunisation status, had been retained for nurses supplied. This was identified as an area for improvement.

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.

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

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

The content of the Adult Safeguarding training was reviewed and was noted to reflect the regional guidance in Northern Ireland.

There were quality monitoring arrangements in place in compliance with Regulations and Standards.

A selection of policies was reviewed by the inspector. It was noted the Complaints Policy, Disciplinary Policy and Whistleblowing Policy required to be updated. An area for improvement has been stated in this regard.

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.

Records were retained in accordance with the Nursing Agencies Regulations.

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

We discussed the acting management arrangements which have been ongoing since 8 January 2024; RQIA will keep this matter under review.

6.0 Quality improvement plan

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	1	1

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	
Area for improvement 1 Ref: Regulation 12(1)(d) Schedule 3 Stated: First time To be completed by: Immediate and ongoing from date of inspection	<p>The registered person shall ensure a health record, including immunisation status, is available for all nurses supplied.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A new document and a checklist was created by the Acting Manager, Mr. Jose Loureiro, to ensure that all RGN's applying for a locum position with Ametrine have medical and fit for work checks completed prior to a role offered. This include a vacina tion record and a nom disclosure declaration of all aplicants of any medical condition that may impact the requirements of the role as an RGN.</p>
Action required to ensure compliance with The Nursing Agencies Minimum Standards 2008	
Area for improvement 1 Ref: Standard 2.5 Stated: First time To be completed by:	<p>The registered person shall ensure all policies are subject to a systematic review.</p> <p>This refers specifically to the Complaints Policy, Whistleblowing Policy and Disciplinary Policy.</p> <p>Ref: 5.2.2</p>

Immediate and ongoing from date of inspection	Response by registered person detailing the actions taken: Registered Person, Ian Morgan, Acting Nurse Manager, Jose Loureiro and Company Director, Derek Brown created a checklist/ spreadsheet - document for monthly review of all existing policies. All Ametrine Healthcare policies are now being reviewed all available at the companies portal.
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