



The Regulation and  
Quality Improvement  
Authority

## **Nursing Agency Inspection**

**Name of Nursing Agency:** Peninsula Care Services  
**Nursing Agency ID No:** 11985  
**Inspection No:** 20917  
**Date of Inspection:** 22 December 2014  
**Inspector's Name:** Michele Kelly

**The Regulation And Quality Improvement Authority  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544**

**General Information**

<b>Name of agency:</b>	Peninsula Care Services
<b>Address:</b>	3 Church Street, Newtownards BT23 4 AN
<b>Telephone number:</b>	02891828921
<b>E mail address:</b>	jonny@peninsulacareservices.co.uk
<b>Registered organisation/ Registered provider:</b>	Peninsula Care Services Ltd Mr Jonathan Cook
<b>Registered manager:</b>	Ms Gillian Mary Mulholland
<b>Person in Charge of the agency at the time of inspection:</b>	Mr Jonathan Cook
<b>Categories of care:</b>	Nursing Agency
<b>Number of registered nurses, health visitors and midwives on the agency's books:</b>	Ten
<b>Date and type of previous inspection:</b>	Primary Announced 6 March 2014
<b>Date and time of inspection:</b>	22 December 2014 2.30pm -5.00pm
<b>Name of inspector:</b>	Michele Kelly

## 1. Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing agencies. A minimum of one inspection per year is required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## 2. Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of the nursing agency's service, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (July 2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## 3. Methods/Process

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

- Discussion with the registered manager
- Examination of records
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

#### 4. 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 DHSSPS Nursing Agencies Minimum Standards:

- **Standard 2:**  
**There are policies and procedures in place that direct the quality of services provided by the nursing agency.**
- **Standard 3:**  
**Clear, documented systems are in place for the management of records in accordance with legislative requirements.**

The inspector rated the centre's compliance level against each criterion.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **5. Profile of Service**

Peninsula Care Services is a nursing agency operating from 3 Church Street, Newtownards. The service currently supplies ten nurses daily /weekly to approximately eight service users within nursing homes and the hospice. Services currently operate throughout the peninsula, North Down and Ards area and offer service provision in the area of nursing care.

## **6. Summary of Inspection**

This is the annual announced inspection report for Peninsula Care Services which was undertaken on 22 December 2014 by an inspector from the Regulation and Quality Improvement Authority (RQIA) starting at 2.30 pm and finishing at 5.00pm.

The Registered Manager Gillian Mulholland was not in attendance but the Registered Person Jonathan Cook was in attendance throughout the inspection.

The previous inspection occurred on 6 March 2014 and resulted in two requirements. Review of these two matters showed the agency had achieved compliance. The action taken by the agency can be viewed in the section following this summary.

This inspection focused on the following standards detailed in The Minimum Standards for Nursing Agencies 2008.

To validate compliance levels for each of the above standards, the inspector had a lengthy discussion with the registered person and undertook a review of relevant documentation held at the nursing agency. Feedback was provided at the end of the inspection to the registered person.

The certificates of registration and indemnity insurance were clearly displayed within the premises.

Systems were in place to recruit staff as outlined in the recruitment policy and procedures. Three of four personnel files reviewed were found to be fully compliant with the legislation and systems were in place to check the registration status of nurses with the NMC.

The registered manager is actively involved in the recruitment, assessment and placement of all nurses. Records are held regarding placement of nurses and the decision making process in this regard.

A number of policies and procedures were reviewed, which included, Absence of the Registered Manager, Orientation and Induction and Completion of Case Records.

Since the last inspection five incidents and one complaint were recorded, these were found to be investigated according to policy and nurses receive supervision after each incident or complaint. Five of the six matters reported to the agency involved one nurse. The inspector spoke with the registered provider on the day of inspection and telephoned the registered manager on 23 December 2014 to advise of concerns regarding recruitment information and the frequency of incidents involving one nurse. The registered manager agreed to provide an action plan to address the outstanding recruitment checks and ensure the competence of this individual nurse. The action plan is currently being progressed. No incidents of alleged or suspected abuse have been reported to the agency and there was evidence that staff are trained on this subject matter.

### **6.1 Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.**

A review of the criteria for this standard evidenced that there are policies and procedures in place in accordance with Appendix 3: The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (2008).

A number of policies and procedures were reviewed, which included absence of the registered manager, management of records, management and control of operations, orientation and induction. Policies had been signed and approved.

Policies are centrally indexed and had been approved and appropriately dated by the registered manager. The registered person discussed how feedback from nurses and clients would help inform policy and procedure.

The agency was assessed as 'compliant' with this standard.

### **6.2 Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.**

A review of the seven criteria for this standard evidenced that systems are in place for the management of records in accordance with legislative requirements. The agency has a Management of Records and Information policy which sets out arrangements for the creation, use and storage of records. One of the four personnel files examined did not have a reference from the last employer and a requirement is made to address this.

The agency was assessed as 'compliant' with this standard.

### **6.3 Additional Matters.**

The inspector reviewed the detail in relation to the complaints and incidents recorded by the agency. A total of five incidents involving medications were recorded and one complaint was also logged. The inspector discussed her concerns that five of these matters concerned one nurse. Evidence was available to confirm that the nurse had supervision after each event and had an update on the administration of medications. The registered manager was required to provide an action plan to address the outstanding recruitment checks and ensure the competence of this individual nurse. The action plan is currently being progressed.

Two requirements are made following this inspection and relate to the recording of references from the most recent employer, and the measures taken to ensure competence following complaints or incidents. This is discussed fully in the main body of the report and in the appended Quality Improvement Plan.

The inspector would like to extend gratitude to Jonathan Cook for his hospitality and contribution to the inspection process.

## 7. Follow-Up on Previous Issues from previous Inspection

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 12 (1) (b)	The registered manager is required to ensure all staff have update training in the area of medication as discussed within theme two standard 6.5 and 6.7.	<b>Staff files and the training matrix evidenced that medication training has been completed for all staff supplied by the agency.</b>	<b>Compliant</b>
2	Regulation 12 (1) (b)	The registered manager is required to ensure all staff have annual appraisals as discussed within theme two standard 6.5 and 6.7.	<b>Appraisals are completed annually for all nurses.</b>	<b>Compliant</b>

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in accordance with statutory requirements.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Peninsula Care Services have policies and procedures as listed in Appendix 3 of the HSSPS Nursing Agencies Minimum Standards document, relating to management of the agency and supply of nurses in accordance with statutory requirements. Particularly relevant are Policy 21 "Management, Control & Monitoring of the Nursing Agency" and Policy 51 "Supply and Placement of Nurses".	Compliant
<b>Inspection Findings:</b>	
The findings of the inspector confirmed the information detailed in the provider's self -assessment. A random selection of policies and procedures that included Absence of the Registered Manager, Orientation and Induction, Management and Control of Operations, were examined and found to be satisfactory. The policies had been approved by the registered manager and were dated and signed.	Compliant

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
To date, agency staff and managers from settings where nurses are placed have had little input into policy development. However, in future, we plan to liaise with staff and managers of settings where nurses are placed, in order to provide them with opportunities to contribute to the development of new policies or review of existing policies. Peninsula Care Nursing Agency have no private patients receiving care in their own homes.	Moving towards compliance
<b>Inspection Findings:</b>	
Discussion was held with the registered person who was aware of the importance of involving staff and clients in the development of policies. The registered person outlined how information obtained from contact with clients and staff would be used in the future to ensure service improvement and discussed how the staff uniform policy had changed after client feedback.	Substantially compliant

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.3 Policies and procedures are centrally indexed and compiled into a policy manual.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> All policies and procedures have been centrally indexed and compiled into a policy manual. At Peninsula Care Services, the policy manual is a black Lever Arch folder which is kept within the nursing agency premises and is accessible to all staff. A Policy Index at the front of this folder lists all policies and allocates a number beside each one, which corresponds to numbered dividers within the folder for ease of reference.	Compliant
<b>Inspection Findings:</b> On the day of inspection policies and procedures were well organised, indexed and compiled in manuals.	Compliant
<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.4 Policies and procedures are dated when issued, reviewed or revised.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> All policies and procedures contained within the policy folder of Peninsula Care Services have a recorded date of issue or review date, name of reviewer and reason for review.	Compliant
<b>Inspection Findings:</b> The policies examined on the day of inspection were all dated and the date of review was recorded on the policy.	Compliant

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.5 Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or introduction of new policies and procedures.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Policies and procedures are reviewed every 3 years, or more frequently if changes need to be made. The registered person oversees and reviews any changes or introduction of new policies. The name of the reviewer is included along with the date and reason for review. The registered manager or Company Director (registered provider Jonathan Cook) ratifies the introduction of new policies or review of existing ones. See policy 40 "Review and Revision of Policies & Procedures".	Compliant
<b>Inspection Findings:</b>	
The findings of the inspector concur with the provider's self -assessment.	Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>3.1 Where agency nurses are supplied to provide nursing care to private patients in their own homes those patients have access to their records in accordance with the Data Protection Act 1998.</b>	
<b>Provider's Self Assessment:</b>	
Peninsa Care Services Nursing Agency do not currently provide nursing care to private patients in their own homes.	Not applicable
<b>Inspection Findings:</b>	
The registered manager confirmed the agency do not supply nurses to private patients in their own home and explained this was not part of their terms of business.	Not applicable

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.2 The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
See Peninsula Care Services Policy Folder, Policy 23 "Management of Records & Information". This clearly details arrangements for access to records [hard copies kept in locked filing cabinet; IT records are password-protected, selected staff only have access to same] creation of records [must be written and maintained in accordance with "Record Keeping Guidance for Nurses & Midwives 2009"], retention, storage and disposal of records.	Substantially compliant
<b>Inspection Findings:</b>	
The management of records and information policy dated 4 October 2013 detailed the arrangements for the creation, use, and of retention of records. The registered provider discussed the retention, storage and disposal of records and confirmed the agency's adherence to Data Protection Policy in relation to access to confidential information.	Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> 3.3 Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
All records are kept in the office of Peninsula Care Services Nursing Agency and are available for inspection at all times.	Substantially compliant
<b>Inspection Findings:</b>	
On the day of inspection records were well organised, easy to reference and available for inspection.	Compliant
<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> 3.4 The information held on record is accurate, up to date and necessary.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
All information held on record within the premises of Peninsula care Services Nursing Agency is accurate, relevant and up to date.	Substantially compliant
<b>Inspection Findings:</b>	
Most records examined on the day were accurate, up to date and necessary. The exception concerned the references obtained in respect of one nurse. These were not up to date and did not include a reference from the most recent employer. A requirement is made to address this issue and the registered manager was telephoned by the inspector on 23 December 2014 to request this matter is actioned immediately.	Moving towards compliance

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.5 Nursing care records are written and maintained in accordance with NMC guidelines.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
<p>Peninsula Care Services Nursing Agency currently do not provide care for private patients, and therefore nursing care records are not kept within the agency. Our registered nurses are aware of the necessity of writing and maintaining records in line with NMC guidelines, when on duty in various healthcare settings [see policy 7 "Completion of Case Records"].</p> <p>When completing this self-assessment and in discussion with Registered Provider Jonathan Cook, we decided in future it may benefit newly recruited nurses to be issued with a copy of NMC Guidelines at induction. We will incorporate this into future recruitment and induction procedures.</p>	Not applicable
<b>Inspection Findings:</b>	
<p>The findings of the inspector concur with provider's self-assessment in regard to private patients. All nurses are now given NMC guidelines in relation to record-keeping at induction and the agency's policy Completion of Case Records (October 2013) provides guidance in writing and maintaining records while on placement.</p>	Compliant

<b>Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> 3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> see policy 23 "Management of Records & Information" All staff within the agency are trained in the creation, maintenance and disposal of records in line with DHSSPS Nursing Regulations (Northern Ireland), 2005 and NMC guidelines. See also policy 7 "Completion of Case Records". Details of these policies are also contained with Staff Handbook which is given to all nurses at induction.	Substantially compliant
<b>Inspection Findings:</b> The policies in regard to the Management of Records and Information provided direction and guidance for staff in regard to the creation, use, retention, storage, transfer, disposal of and access to records and are in line with legislative requirements.	Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
See Policy 23 "Management of Records & Information", which clearly specifies records shall be kept no longer than necessary, but 8 years from the last entry in accordance with DHSSPS Nursing Agencies Regulations (Northern Ireland), Regulation 18, Schedule 4 (2005). Peninsula Care Services first recruited registered nurses in 2012 and therefore has not yet kept records for the abovementioned period of 8 years. Any records kept at present are a maximum of 3 years old.	Moving towards compliance
<b>Inspection Findings:</b>	
On the day of inspection The management of records and information policy detailed the requirements for the storage and archival of records and was in accordance with the DHSSPS guidelines.	Compliant

The details of the Quality Improvement Plan appended to this report were discussed with Jonathan Cook Registered Person, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Michele Kelly**  
**The Regulation and Quality Improvement Authority**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



**Quality Improvement Plan**

**Unannounced Primary Inspection**

**Peninsula Care Services**

**22 December 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Jonathan Cook during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

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.

**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 (NI) 2008

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	12 (1) Schedule 3	The registered person must ensure that each nurse has two written references including a reference from the person's present or most recent employer.	Once	All nurses employed by Peninsula Care Services have two written references, including one from the most recent employer. An error identified during inspection with one nurse has now been rectified. A copy of this reference was forwarded to the Inspector for review.	Within two months of the date of inspection 16 February
2	12 (1) (b)	The registered person must ensure that an action plan is developed to ensure that a nurse has the knowledge skills and competencies for the work they have to perform. This action plan and progress notes must be sent to RQIA until competence has been verified.  Refers to information discussed within Additional Matters.	Once	An action plan was developed to ensure the nurse specified has the necessary knowledge, skills and competencies required. The action plan was forwarded to the Inspector, along with progress notes, monitoring forms and competency assessments	Immediate and ongoing.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Gillian Mulholland
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Jonathan Cook

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	Michele Kelly	2/3/15
Further information requested from provider			