

Announced Care Inspection Report

28 June 2016



Mid-Ulster Nursing Agency

Address: 2b Rainey Street, Magherafelt, Londonderry, BT45 5AG

Tel No: 02879300051

Inspector: Amanda Jackson

1.0 Summary

An announced inspection of Mid-Ulster Nursing Agency took place on 28 June 2016 from 09.30 to 15.15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005, the Nursing Agencies Minimum Standards, 2008 and previous inspection outcomes and any information we have received about the service since the previous inspection

Is care safe?

The agency operates robust recruitment systems and ensures sufficient supply of appropriately skilled and competent staff at all times. The agency's provision for the training needs of staff has been assessed to be in compliance with the minimum standards but is recommended for review in line with the agencies own policy and procedure in respect of staff training in the area of fire safety. Supervision of the staff team was confirmed during inspection but had not been implemented for the registered manager in accordance with the previous QIP. This recommendation has been restated. The welfare, care and protection of service users is ensured through identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the service users and HSC Trust representatives. The agency have been recommended for a second time to review the agencies safeguarding policy in line with the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015. The agency has systems in place to ensure the identification, prevention and management of risk whilst promoting the human rights and independence of service users. It was noted that the agency is responsive to the requirements of service users but do not maintain records regarding requests for supply of staff in accordance with standard 7.1.

Is care effective?

The inspector saw evidence of the implementation of quality monitoring in accordance with minimum standards and guidance issued by RQIA. The agency has in place a system for review and monitoring of quality of care in conjunction with service users. There are systems in place to effectively communicate with service users; this was verified by service users who spoke to the inspector.

Is care compassionate?

The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes. The agency has systems in place for obtaining and responding to the views and opinions of service users. It was noted from discussion with staff and service users that the agency seeks to obtain and value the views of service users; this feedback supported positive outcomes for service users. The agency has a system in place to monitor and manage the performance of nursing staff. The agency's quality monitoring systems include consultation with service users and/or their representatives.

Is the service well led?

The agency has in place management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person fulfils their responsibilities in order to promote effective service delivery and operate the agency in accordance with the regulatory framework. Evidence of effective working partnerships with service users and HSC Trust representatives was evident during the inspection. Service users provided satisfactory feedback regarding the manner in which issues and concerns are addressed. The agency has been recommended to ensure learning from complaints and safeguarding matters shared with staff during staff meetings are appropriately recorded.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Michael Devlin registered person 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.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation / registered person: 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 (Registered person)	Date manager registered: 12 May 2015

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report;
- Previous quality improvement plan (QIP);
- Record of notifiable events for 2015/2016;
- Record of complaints notified to the agency.

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

- Discussion with the registered person;
- Consultation with two staff;
- Consultation with two service users;
- Examination of records;
- File audits;
- Evaluation and feedback.

It was identified that policies and procedures viewed had been issued or reviewed within the previous three years which is in accordance with the minimum standards.

During the inspection the inspector met the agency proprietor and spoke with two service users/nursing home managers.

Following the date of inspection the inspector spoke with two staff nurses supplied by the agency to discuss their views regarding care and support provided by the agency, staff training and their general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered person was provided with four questionnaires to distribute to all staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. No staff questionnaires were returned to RQIA following inspection.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The following records were examined during the inspection:

- Four staff training records;
- Staff training and development policy;
- Four staff supervision records;
- Quality monitoring policy and procedure;
- Four staff quality monitoring reports;
- Protection of Vulnerable adults policy and procedure;
- Recruitment policy and procedure;
- Induction policy and procedure;
- Four monthly monitoring reports by proprietor;
- Supervision and appraisal policy;
- Supervision agreement with staff;
- Whistleblowing policy and procedure;
- Agency's terms and conditions provided to homes at commencement of business;
- Policy and procedure on assessment and placement of nurses;
- Four staff profiles;
- Four staff monthly NMC checks;
- Three staff recruitment interview records;
- Management of records and information policy;
- Statement of purpose;
- Service user guide;
- Three compliments;
- Untoward incidents policy and procedure;
- One vulnerable adult record.

4.0 The inspection

Mid-Ulster nursing agency operates from premises located at Rainey Street in Magherafelt. The agency currently supplies four registered nurses into two nursing homes.

The inspector would like to thank the proprietor, service users, and agency staff for their support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the most recent inspection Dated 08 March 2016

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 08 March 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 12(1)(b) Stated: First time	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).	Met
	Action taken as confirmed during the inspection: Review of four staff training records evidenced compliance with mandatory training in accordance with the agency's training policy and procedure with exception to fire safety. A recommendation will be made in this regard as stated under recommendation three below. The agency has not employed new staff since the previous inspection hence induction records were not reviewed.	
Requirement 2 Ref: Regulation 14(2)(a) Stated: First time	The registered person shall ensure that each employee of the agency- (a) Receives appropriate supervision.	Partially Met
	Action taken as confirmed during the inspection: Review of three of the four current staff supervision records evidenced staff supervision taking place three monthly in line with the agency supervision agreement. The registered manager who is also a staff member being supplied into services had not received supervision and this has been restated.	
Requirement 3 Ref: Regulation 14(3)(i) Stated: First time	The registered person shall- (i) collect information from service users about performance of nurses employed for the purposes of the agency.	Met
	Action taken as confirmed during the inspection: The Quality monitoring policy dated 08 March 2016 specifies service user feedback will be obtained monthly following placement of staff into the home. Review of questionnaires from both services into which staff are supplied supported a process of obtaining feedback following staff supply.	

Requirement 4 Ref: Regulation 18 Stated: First time	<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> <p>Action taken as confirmed during the inspection: The agency has not had any incidents occurring since the previous inspection therefore this requirement could not be assessed during inspection. The registered person presented an appropriate knowledge of maintaining compliance with Regulation 18.</p>	Not assessed
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 9 Stated: First time	<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> <p>Action taken as confirmed during the inspection: Review of the policy and procedure during inspection confirmed revision had not taken place as recommended.</p>	Not Met
Recommendation 2 Ref: Standard 6.1 Stated: First time	<p>Newly appointed staff, are required to complete structured orientation and induction.</p> <p>Action taken as confirmed during the inspection: The agency has not recruited any new staff since the previous inspection. Review of the agency induction policy and procedure dated 08 March 2016 and process templates confirmed a process is in place for future new staff.</p>	Not assessed
Recommendation 3 Ref: Standard 6.3 Stated: First time	<p>Mandatory training requirements are met.</p> <p>Action taken as confirmed during the inspection: As detailed under requirement one above, the agency is recommended to ensure staff mandatory training is maintained in compliance with the agency policy and procedure in respect of fire safety.</p>	Partially Met

Recommendation 4 Ref: Standard 3.3 Stated: First time	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).	Not assessed
	Action taken as confirmed during the inspection: As detailed under requirement four.	
Recommendation 5 Ref: Standard 1.12 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of four monthly monitoring reports for March to June 2016 confirmed a process in place in compliance with Standard 1.12.	

4.3 Is care safe?

During the inspection the inspector reviewed staffing arrangements in place within the agency.

The agency's recruitment and selection policy for nurses outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment. It was identified from records viewed that the agency has in place a pre-employment checklist which records the checks that have been completed; the registered person stated that nurses are not provided until all required checks have been completed.

The registered person stated that a skills profile is completed during the interview process to identify skills and experience of individual staff. The agency's training and development policy outlines the induction programme provided to staff prior to their commencement of employment. The agency maintains a record of the induction programme provided to staff; documentation templates viewed outlined the information and support provided during the induction period. The inspector discussed the agency's partial compliance with their training and development policy regarding fire safety training updates. As the agency has not recruited any staff since the previous inspection the inspector was unable to review this process. Staff spoken with post inspection confirmed they had received appropriate training for their job role.

The agency's supervision and appraisal policy details the procedure for staff supervision and appraisal. The agency maintains a record of staff supervision; records viewed indicated that they are not completed for the manager in accordance with the agency's policy and procedure. This requirement has not been fully met since the previous inspection and has been restated a second time. As the agency has not been operational one year staff appraisals have not taken place to date. Staff spoken with post inspection indicated that they receive supervision and appraisal is due to take place in the coming month.

The inspector examined the agency's provision for the welfare, care and protection of service users. A recommendation to review the safeguarding policy in line with the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015 during the previous inspection has not been addressed and has been restated for a second time.

The inspector was unable to review records maintained in relation to safeguarding vulnerable adults as no matters had arisen since the previous inspection. Discussions with the registered person and documentation viewed indicated that the agency had recently received closure of a previous safeguarding matter reviewed at the previous inspection. Discussions with the registered person indicated that they had knowledge of safeguarding within the agency and could describe the process for reporting of any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they are required to be involved in.

Service users who spoke to the inspector stated that issues or concerns reported to the registered person in relation to staff provided are handled appropriately.

Discussions with the registered person indicated that staff are provided with face to face training in relation to safeguarding vulnerable adults during their initial induction; staff are required to complete an annual update and records of this were reviewed during inspection. It was noted that staff have not been provided with information regarding NMC revalidation as three of the four staff have other permanent employment positions in which they propose to meet the requirements. The second staff member spoken with following the inspection process confirmed she would liaise further with the agency regarding support to revalidate in 2017.

The agency's staff handbook details the necessary actions staff are required to take in the event of suspected, alleged or actual incidents of abuse being identified and their responsibility in highlighting and raising concerns. Staff are provided with information in relation to the agency's safeguarding and whistleblowing policies during their induction.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety.

The agency's registered premises includes one office which is suitable for the operation of the agency as described in the Statement of Purpose. The registered person confirmed the agency computer is password protected and this was detailed within the agency policy on 'Management of records and information'.

The registered person could describe the process for assessing the needs and requirements of a request for an agency nurse; it was noted that this included assessing the knowledge, skills, training and experience of the nurse to be provided. The agency does not currently retain records of the requests for staff and this was recommended during inspection in accordance with standard 7.1. The agency has a process for checking the NMC register monthly for each staff member employed; records maintained were viewed by the inspector.

Service users stated that they are requested by the agency to complete progress reports in relation to staff provided; the inspector viewed a number of those returned.

Service users' comments:

- 'The service provided is good.'
- 'I have no issues or concerns.'

Areas for improvement

Four areas for improvement were identified during the inspection.

The agency is required to implement supervision for the registered manager as stated under requirement two above. Review of staff training in fire safety has been recommended in line with the agency training and development policy. It has been restated for a second time that the agency reviews the vulnerable adults policy in accordance with the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015. It is further recommended that the agency ensures requests for supply of staff are appropriately maintained in accordance with standard 7.1.

Number of requirements:	1	Number of recommendations:	3
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4.4 Is care effective?

During the inspection the inspector reviewed the 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 detailed within the Statement of Purpose and Service User Guide.

The agency's policy on 'Management of records and information' which was viewed by the inspector clearly details the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

From discussions with staff and records viewed it was identified that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users.

From records examined it was identified that the agency completes a monthly audit of the effectiveness and quality of care provided to service users this include a review of training, complaints, incidents, safeguarding referrals. The inspector noted that the agency requests that service users complete a 'Performance monitoring form' for each staff nurse provided. Records of audits viewed included the views of service users. The registered person stated that they are in regular contact with service users to obtain their views on the service provided and that they are required to record when any actions identified in the action plan have been completed.

Service users will be requested to complete an annual satisfaction survey. The registered person stated that this process will be implemented during July 2016 when the agency has been operational one year. The inspector reviewed the letter which will accompany the annual survey to service users.

Service users stated that they are provided with details of the agency's complaints procedure and indicated that any areas of concern raised are handled appropriately.

There was evidence of systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders. Discussions with service users and staff confirmed appropriate communication processes are in place. Service users and staff stated they can speak to the registered person at any time.

The registered person stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff provided. It was identified that the agency has a process for obtaining the views and comments of service users in relation to staff provided and for addressing competency issues with staff.

The registered person stated that when concerns relating to a staff member are identified the agency will address the concerns with the individual immediately and whilst the process is ongoing the staff member would not be provided to work.

Service users commented:

- 'The agency is responsive; no issues with the service provided.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

Staff were aware of the need to ensure confidentiality and had knowledge of the areas of confidentiality applicable to their placements. Review of the staff handbook during inspection confirmed confidentiality is detailed and staff confirmed they are provided with a handbook which contains relevant policies and procedures. The agency has a policy on confidentiality and this information is also detailed within the agency's policy on 'Management of records and information'.

The agency has a process for obtaining the views of service users in relation to staff performance; the registered person described the process for engaging with the relevant service users in order to obtain feedback; it was noted from records viewed that this process involves issuing a progress report for each staff member provided post placement.

The inspector noted that the agency incorporates feedback from service users in the agency's monthly quality monitoring report.

The agency retains staff training records within individual staff files which were viewed by the inspector. Staff stated that they receive training specific to their role and confirmed that they receive effective supervision and that appraisal is due to commence in the near future.

Discussions with service users and agency staff indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation. One service user comment stated, the staff member 'Treats residents well'.

The registered person stated that, prior to placement, agency staff nurses were provided with the relevant information to ensure they are aware of the appropriate action to be taken in the event of a suspicion of, or actual abuse. Records viewed indicate that staff provided by the agency has received the relevant training.

The agency has in place a 'Supervision and Appraisal Policy'; it was noted that staff are required to complete an annual appraisal which is due to commence in July 2016 when the agency has been operational a year. The registered person stated that training and development will be discussed during the appraisal meeting and a plan developed to address identified training needs; they stated staff are encouraged to liaise at any time with the registered person in relation to training needs.

It was confirmed by the registered person that the agency has in place systems to ensure that nurses can report concerns they may have regarding a placement.

The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the procedures to be followed. It was identified that reference is made as to the role of RQIA in relation to whistleblowing.

The agency has a procedure for recording incidents of suspected, alleged or actual abuse identified. No records were reviewed during this inspection as no matters had arisen.

It was noted that the agency has in place systems to ensure that the views and opinions of service users are sought and taken into account. A range of relevant agency documentation viewed recorded the feedback received from service users; it was noted that both positive and negative comments were recorded and details of how matters of concern had been addressed. Formal processes to record and respond to service users are maintained through the complaints process, monthly quality monitoring and annual service user satisfaction surveys.

The registered person described the range of processes for receiving feedback from service users following the provision of staff, during monthly quality monitoring and annually in the form of the annual survey. The inspector viewed the accompanying letter to be issued to service users in July 2016 alongside the annual quality survey when the agency has been operational one year.

Service users commented:

- 'Good team leader.'
- 'Competent nurse'
- 'Happy with the nurses, good feedback'

Staff Nurses' comments:

- Both staff nurses spoken with during the inspection process discussed respect and dignity, confidentiality and raising concerns to their line manager as appropriate.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. During the inspection the inspector viewed a number of policies and procedures; it was noted that the agency has in place a comprehensive range of policies and procedures which were noted to have been reviewed ongoing and in accordance with the Minimum Standards, relevant legislation and guidelines with exception to the adult safeguarding policy and procedure. Policies and procedures are retained electronically and in paper format stored within the agency's office, which all staff have access to. This was confirmed by the staff spoken with post inspection.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received two complaints for the period 01 April 2015 to 31 March 2016. Both complaints had been reviewed at the previous agency inspection in March 2016 and hence no further complaints were available for review during this inspection. Discussion with the registered person and documentation viewed previously indicated that the agency had dealt with complaints received in accordance with their policy and procedures. One matter reviewed related to a safeguarding matter which was recently concluded by the Health and Social Care trust (HSCT) and documentation confirming the closure had been retained by the agency. The registered person discussed sharing of learning from this matter with the staff team but this was not evidenced within staff discussion records and has been recommended for all future staff meeting discussions in accordance with standard 8.15.

It was identified that the agency has in place a management and governance system to review quality through monthly quality monitoring by the registered person. Records viewed provided evidence of staff supervision in accordance with the agency policy and procedure. It was identified that an appraisal process is due to commence with agency staff in July 2016 when the agency has been operational a year. Discussions with two staff post inspection confirmed supervision processes were in place and staff were aware that annual appraisals were due to commence in the coming months.

The agency accesses all mandatory training through external training agencies. The registered person stated staff are required to complete training during their induction and ongoing update in line with mandatory requirements. It was confirmed by the registered person that agency staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified. As no new staff had commenced employment with the agency since the previous inspection records could not be reviewed in this regard.

The agency has a system in place for recording training completed by staff within individual staff file. Records viewed indicated that staff have received the necessary mandatory training in accordance with the agency's policy and procedure with exception to updated fire safety and this has been recommended in accordance with standard 6.3. The registered person could describe the procedure for informing staff when training updates are required and stated that staff are not provided to work if training updates have not been completed.

The organisational and management structure of the agency identifies clear lines of accountability and the roles and responsibilities of staff. It was noted that at the commencement of employment staff are provided with a job description and a staff handbook which outline the role and responsibilities of their individual job. In addition they are provided with information relating to the process for contacting their line manager. The agency retains a record that staff signed to indicate that they have read and understood the agency's policies and procedures and information provided to them during their induction programme.

The registered person has worked with RQIA during the past year to operate the service in accordance with the regulatory framework. 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 displayed appropriately and was reflective of the service provided.

Discussion with the registered person and service users indicated that there are good working relationships with external stakeholders, including where appropriate HSCT representatives. Service users could describe the process for contacting the agency's staff in relation to issues or concerns and indicated that the agency responds effectively to any issues highlighted.

The agency has a process for requesting feedback from service users on each occasion a nurse has been provided; the inspector viewed feedback documentation received by the agency and noted that they contained a number of positive comments in relation to the service provided.

Service users' comments:

- 'I am happy with the nurses provided.'
- 'The agency seeks feedback on the staff supplied.'

Areas for improvement

One area for improvement was identified during the inspection.

The agency has been recommended to ensure learning from complaints and safeguarding matters shared with staff during staff meetings are appropriately recorded.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

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

The registered person/manager 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 person/manager to ensure that all requirements and recommendations contained 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the Nursing Agencies Regulations (Northern Ireland) 2005.

5.2 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(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered 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 RQIA's office and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 14(2)(a) Stated: Second time To be completed by: 28 August 2016	<p>The registered person shall ensure that each employee of the agency-(a) receives appropriate supervision.</p> <p>(this relates specifically to supervision of the manager).</p> <p>Response by registered person detailing the actions taken:</p> <p>All employees of Midulster Agency including the Registered Manager will take place.</p>
Recommendations	
Recommendation 1 Ref: Standard 6.3 Stated: Second time To be completed by: 28 August 2016	<p>Mandatory training requirements are met.</p> <p>(In accordance with the agency policy and procedure on staff mandatory training in fire safety.)</p> <p>Response by registered person detailing the actions taken:</p> <p>All staff will receive mandatory training and will not be allowed to work for the agency if all training is not up to date. Fire training will be carried out on a 6 monthly basis.</p>

<p>Recommendation 2</p> <p>Ref: Standard 9</p> <p>Stated: Second time</p> <p>To be completed by: 28 August 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 detailing the actions taken:</p> <p>Protection of Vulnerable Adults Policy has been reviewed.</p>
<p>Recommendation 3</p> <p>Ref: Standard 7.1</p> <p>Stated: First time</p> <p>To be completed by: 28 July 2016</p>	<p>The nursing agency is recommended to establish the needs and requirements of each request for an agency nurse placement.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Mid Ulster Nursing Agency will keep records of all enquiries for Nurses placement. Nurses with the necessary skills will be placed in establishments where they have the skills to meet the needs of the client.</p>

Recommendation 4 Ref: Standard 8.15 Stated: First time To be completed by: Immediate and ongoing from the date of inspection.	Information from complaints is used to improve the quality of services. Response by registered person detailing the actions taken: Any complaints will be reviewed and used to improve the quality of services. Any complaints will be taken seriously and dealt with in a timely manner in accordance with Mid-Ulster Agencies complaints policy and procedure.
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Name of registered manager/person completing QIP	Michael Devlin		
Signature of registered manager/person completing QIP	M. Devlin	Date completed	15/08/16
Name of registered provider approving QIP			
Signature of registered provider approving QIP		Date approved	
Name of RQIA inspector assessing response			
Signature of RQIA inspector assessing response		Date approved	



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