

Inspection Report

Name of Service: Hutchinson Community Nursing
Provider: Hutchinson Homes Ltd
Date of Inspection: 3 July 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Hutchinson Homes Ltd
Responsible Individual/Responsible Person:	Ms. Naomi Carey
Registered Manager:	Mrs. Michelle McCrum
Service Profile – Hutchinson Community Nursing is a nursing agency based in Antrim town. It currently supplies nurses into care homes operated by the provider. In the future, the agency aims to provide nursing care to adults who need support to live in their own homes.	

2.0 Inspection summary

An announced inspection took place on 3 July 2025, between 9.55 am and 1.45 pm. It was carried out by a care inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the agency's pre-registration inspection on 28 May 2024; and to determine if the staff are delivering safe, effective and compassionate care and if the service is well led.

The inspection established that the nurses provided safe, effective and compassionate care in the various settings they were supplied to work in. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as quality monitoring and recording of nurses' training.

As a result of this inspection, all of the previous areas for improvement were assessed as having been addressed by the provider. Two new areas for improvement were identified. Details can be found in the main body of this report.

For the purposes of the inspection report, the term 'service user' describes the care homes, the agency's nurses are supplied to work in.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 the previous areas for improvement issued, registration information, and any other written or verbal information received from service users or staff.

Information was provided to service users and staff on how they could provide feedback on the quality of services. This included an electronic survey.

3.2 What people told us about the agency

No responses were received to the electronic survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

A review of the agency's staff recruitment records confirmed that pre-employment checks including criminal record checks (AccessNI), were completed and verified before registered nurses were supplied to care homes.

The interview process was reviewed. Interview records were detailed and contained a scoring system. Written records were retained by the agency of the nurses' capability and competency in relation to their job role.

A review of the records confirmed that all registered nurses were appropriately registered with the NMC. Information regarding registration details, renewal and revalidation dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards.

It was good to note that there was a process in place to ensure that registered nurses will have supervisions undertaken in accordance with the agency's policies and procedures. Communication took place with the registered person after the inspection to ensure that the manager's supervision is recorded in a format that reflects best practice.

There was a system in place to ensure that the registered nurses were placed into settings where their skills closely matched the needs of patients. 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 and Dysphagia as appropriate to their job roles.

A record of all nurses' training was collated in the form of a matrix. Examination of training records indicated that nurses had completed all their mandatory training, but that the training matrix had not been fully updated to reflect this. An area for improvement has been identified in this regard.

3.3.2 Quality of Management Systems

There has been a change in the management of the since the last inspection. Mrs. Michelle McCrum has been the manager in this agency since 18 December 2025.

There were no quality monitoring arrangements in place in compliance with Regulations and Standard. An area for improvement has been identified in this regard.

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

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. Advice was given to the manager to develop a procedure that ensured they would formally be made aware of any incident or accident involving an agency nurse. This will be reviewed at the next inspection.

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.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The manager had completed Complaints Handling Training. Review of the Complaints Policy evidenced that it required some increased detail. The manager agreed to action this after the inspection.

3.3.3 Safeguarding

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. A specific individual was identified as the agency's ASC.

It was positive to note the agency had a Safeguarding Resource File in place for staff to reference. A review of the agency's Safeguarding Policy evidenced that some updates were required. This will be sent to RQIA when these have been completed.

The agency has been operational for less than a year so there was no Annual Safeguarding Report in place. The manager is aware that this report will be required to be in place at the next inspection.

Discussion took place regarding the benefits of a safeguarding log. This provides a mechanism for oversight or awareness of any potentially open or ongoing safeguarding referrals within the agency. It also allows review of any potential trends around adult safeguarding matters. The manager agreed to establish a log with immediate effect.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Naomi Carey, Responsible Person and Mrs Michelle McCrum, Registered Manager, 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 20(1)(3) Stated: First time To be completed by: Immediate and ongoing from date of inspection	The registered person shall introduce and maintain a monthly system for reviewing the quality of services provided by the agency. This will include consultation with service users and persons acting on behalf of service users. Ref: 3.3.2 Response by registered person detailing the actions taken: A monthly system for reviewing the quality of services is now in place and being carried out. This includes consultation with the service users.
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
Area for improvement 1 Ref: Standard 6.6 Stated: First time To be completed by: Immediate and ongoing from date of inspection	The registered person shall ensure a record is kept in the agency of all training completed by agency staff Ref: 3.3.1 Response by registered person detailing the actions taken: A training matrix is now in place and updated as training is completed. This will be audited on a monthly basis to ensure compliance.

Please ensure this document is completed in full and returned via the Web Portal



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