The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: TTM Healthcare Ltd

Provider: TTM Healthcare Ltd

Date of Inspection: 12 June 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:	TTM Healthcare Ltd
Responsible Individual/Responsible Person:	Ms. Paula McDonnell
Registered Manager:	Ms. Anna Hagan
Service Profile – TTM Healthcare Ltd is a nursing agency which currently supplies registered nurses to Health and Social Care (HSC) Trust facilities throughout Northern Ireland. TTM Healthcare Ltd also acts as a recruitment agency and supplies Health Care Assistants (HCA) to various healthcare settings. RQIA does not regulate Recruitment Agencies.	

2.0 Inspection summary

An announced inspection took place on 12 June 2025, between 9.20 pm and 2.30 pm. It was carried out by two care inspectors.

The last care inspection of the agency was undertaken on 24 January 2024 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is 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 one aspect of the oversight of nurse recruitment. Full details, including the new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

It was evident that nurses were well trained to deliver safe and effective care.

For the purposes of the inspection report, the term ‘service user’ describes the hospitals or facilities, 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 registration information, and any other written or verbal information received from service users, staff or commissioning Trusts.

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

Service users commended the quick response of the agency when any issues were raised with them. They also spoke favourably about the oversight provided by the manager. Nurses spoken with said that they found the agency 'excellent' and that they were very happy with the level of support and training offered.

3.3 Inspection findings

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

Safe staffing begins at the point of recruitment and continues through to induction, regular training and continued supervision and support.

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. It was noted that a complete employment history and a satisfactory written explanation for leaving previous care employment was absent from recruitment records. An area for improvement has been identified in this regard.

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 manager; this system was reviewed and found to be in compliance with regulations and standards.

The interview process was reviewed and written records were retained by the agency of the nurses' capability and competency in their role.

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

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 into which they were placed. This training included Falls Prevention, adult safeguarding, Dysphagia, National Early Warning Score (NEWS) and Right Patient, Right Blood as appropriate to their job roles.

Review of training records identified that all training had been completed and was up to date.

Review of records confirmed that the agency sought feedback on the nurses' practice on a regular basis.

3.3.2 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Ms. Anna Hagan has been registered manager of the agency since 19 February 2024.

There were quality monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users and staff. It was noted that the reports routinely monitored any incidents as part of the monthly checks to identify any patterns or trends.

The annual quality report was reviewed and noted to include stakeholder feedback.

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

It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The annual safeguarding position report had been completed.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a process in place to manage any complaints; the manager's complaints handling training was up to date.

A member of the provider's management team is in the process of applying to RQIA for registration as registered person; this will be reviewed in due course.

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

There was evidence that the agency responded to any concerns raised with them and took measures to improve systems and/or the quality of services provided by the agency as necessary.

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	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and a consultant from the agency 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) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The Registered Person shall ensure that a complete employment history and satisfactory written explanation for leaving previous care employment is obtained for registered nurses who are supplied by the agency. Ref: 3.3.1
	Response by registered person detailing the actions taken: I have commenced the plan already with our Talent Acquisition team to ensure all resumes have the following: 1. Resume goes back to all jobs from age 18 onward 2. Gaps are explored and explained 3. Reasons for leaving are included with all jobs/roles

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