The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Manor House Nursing Agency

Provider: Michael Devlin T/A Manor House Nursing Agency

Date of Inspection: 17 October 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:	Michael Devlin T/A Manor House Nursing Agency
Responsible Individual:	Mr. Michael Devlin
Registered Manager:	Ms. Pauline McDonald
Service Profile – Manor House Nursing Agency is a nursing agency located in Cookstown. The agency provides registered nurses to independent sector nursing homes. Manor House Nursing Agency 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 17 October 2025, between 09.00 a.m. and 12.30 p.m. A care inspector carried out the inspection.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The inspector also reviewed the reporting and recording of accidents and incidents, complaints, whistleblowing, Dysphagia management and the placement of registered nurses.

The inspector identified good practice in relation to management of complaints, management of Nursing and Midwifery Council (NMC) registrations, and training. There were good governance and management arrangements in place.

The inspector identified an Area for Improvement in relation to The Nursing Agencies Regulations (Northern Ireland) 2005, Part 3, Conduct of Nursing Agencies, Regulation 12 (2). The inspector noted that the Responsible Individual had interviewed the nurse manager for a position as agency nurse.

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 any previous areas for improvement issued, registration information, and any other written or verbal information received from relatives, staff or the commissioning trust.

Throughout the inspection, the inspector will seek the views of those working for and using the agency and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

The inspector provided information to nursing staff and service users 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?

Throughout the inspection the RQIA inspector attempted to speak to service users and registered nurses, for their opinions on the quality of the care and support, their experiences of using or working in the agency.

The inspector contacted nursing staff employed by the agency. No responses were received.

The inspector had the opportunity to speak to a nursing home manager who used the agency, who reported that the nurse supplied was an excellent nurse, with a lot of experience and very competent. The manager reported that she has never had any issues or concerns with this nurse.

3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 20 March 2024 by a care inspector. The inspector issued a Quality Improvement Plan. This was validated during this inspection.

4.0 Inspection findings

4.1 What are the systems in place for identifying and addressing risks?

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. There was an identified Adult Safeguarding Champion (ASC).

Discussions with the Responsible Individual established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter.

The Responsible Individual was aware that he must inform RQIA of any safeguarding incident concerning one of the agency's nurses that is reported to the Police Service of Northern Ireland (PSNI).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training.

The inspector discussed the placement of nurses and the Responsible Individual confirmed that nurses were placed according to their skills and experience based on a clinical discussion at interview.

The inspector viewed supervision and appraisal records held by the agency and found these to be up to date and in line with NMC guidance.

4.2 What systems are in place for recruitment and are they robust?

The inspector reviewed the agency's staff recruitment records and confirmed that all pre-employment checks, including criminal record checks (AccessNI) and appropriate professional references, were completed and verified before staff commenced employment and had direct engagement with service users. The inspector identified an Area for Improvement in relation to the interview process itself, which is discussed later in this report.

The inspector confirmed that the agency made regular checks to ensure that staff held appropriate registration with the Nursing and Midwifery Council (NMC). There was a system in place for the manager to check NMC registrations on a monthly basis.

4.3 What arrangements are in place for staff induction and training?

There was evidence that newly appointed nurses had completed a structured orientation to the agency. Local induction took place at clinical level.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The inspector reviewed the training matrix maintained by the agency and found all training to be up to date.

4.4 What are the arrangements to ensure robust managerial oversight and guidance?

There were monthly monitoring arrangements in place in compliance with regulations. A review of the reports of the agency's monthly quality monitoring established that there was engagement with service users and staff. The reports included details of complaints accident/incidents, safeguarding matters; staff recruitment and training, and staffing arrangements. The agency continues to focus on recruitment.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately, along with the certificate of insurance, which demonstrated the required level of cover.

There was a system in place to ensure that the agency managed complaints in accordance with its policy and procedure of the agency. The agency continues to review the incidence of complaints as part of the monthly quality monitoring process.

The inspector reviewed records of regular staff supervision as well as annual appraisals. Examination of appraisal and supervision records indicated that the agency carried these out regularly as per the policies and procedures of the agency, as well as NMC guidance.

5. Improvement Plan/Areas for Improvement

The inspector identified an Area for Improvement where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The inspector discussed the Area for improvement and details of the Quality Improvement Plan with Mr. Michael Devlin, Responsible Individual, 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 Nursing Agency Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 12 (2) **Stated:** First Time **To be completed by:** Immediately from the date of the inspection and ongoing Ref: 1.1.1	The Registered Person shall ensure that a nurse manages the recruitment process for the supply of nurses, and a nurse makes that selection of a nurse and that full and satisfactory information in respect of each of the matters listed in Schedule 2 is available to the nurse carrying out the selection. Ref:
	Response by registered person detailing the actions taken: A registered nurse will carry out all recruitment for nurses in the future

Please ensure this Quality Improvement Plan is completed in full and uploaded via Web Portal

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