

# Inspection Report

1 July 2021



## Allied and Clinical Recruitments

**Type of Service: Nursing Agency**  
**Address: 3000 Aviator Way,**  
**Manchester M22 5TG**  
**Tel No: 033 3456 7876**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Allied and Clinical Recruitments Ltd	<b>Registered Manager:</b> Mrs Esther Olojugba
<b>Responsible Individual:</b> Mrs Esther Olojugba	<b>Date registered:</b> 19/12/2019
<b>Person in charge at the time of inspection:</b> Mrs Esther Olojugba	
<b>Brief description of the agency operates:</b>  Allied and Clinical Recruitments is a nursing agency registered to supply registered nurses to a range of healthcare settings and to patients in their own homes. To date the agency has not been operational and has not supplied any registered nurses.	

## 2.0 Inspection summary

Due to the nursing agency being non-operation since its registration on 19 December 2019 RQIA held an Intention to Serve a Notice of Proposal (NOP) meeting with the responsible individual/registered manager via teleconference on 2 June 2021. At this meeting RQIA were advised by the responsible individual that this nursing agency had recruited a number of nurses and would be supplying these nurses within six to eight weeks. In response to this information RQIA did not serve the NOP on the registration and advised the responsible individual that a further inspection would be undertaken in four weeks' to ensure compliance has been achieved regarding the areas of improvement and to ensure the agency is compliant with the required Regulations and Standards ahead of becoming operational.

An announced inspection via teleconference on 1 July 2021 at 10.06 am to 12.15 pm was completed by the care inspector.

We evidenced that the agency had recruited a number of nurses and had a signed contract with a service user since the NOP meeting on 2 June 2021.

The areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and not met.

Good practice was identified in relation to Criminal record checks (Access NI), Nursing and Midwifery Council (NMC) checks being undertaken before nurses were supplied to the health care settings.

We evidenced that the nursing agency had recruited a number of nurses and had established contracts with service users since the NOP meeting on 2 June 2021. On the day of the inspection it was noted that nurses had not yet been supplied.

Areas requiring improvement were identified in relation to staff recruitment, staff training, monthly quality monitoring procedures\* and staff supervision.\*

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and Quality Improvement Plan (QIP) and any written and verbal communication received since the previous care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how registered nurses' registrations with the NMC were monitored by the agency.

### **4.0 What people told us about the agency?**

The nursing agency has not supplied any nurses on the day of the inspection.

### **5.0 The inspection**

#### **5.1 What has this agency done to meet any areas for improvement identified at or since last inspection?**

The last inspection of the agency was undertaken on 18 October 2019 by a care inspector. A QIP was issued. This was approved by the care inspector and will be validated during this inspection.

<b>Areas for improvement from the last inspection on 18 October 2019</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 <b>Stated:</b> First time <b>To be completed by:</b> 22 November 2019	<b>20.—(1)</b> The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency.  <b>Ref:</b> 6.0	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> The agency has not been operational since the last inspection on 18 October 2019. This area for improvement will be stated for a second time and carried forward to the next inspection.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> First time <b>To be completed by:</b> 22 November 2019	<b>14.— (2) (a)</b> The registered person shall ensure that each employee of the agency- (a) receives appropriate supervision;  <b>Ref:</b> 6.0	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> The agency has not supplied nurses since the last inspection on 18 October 2019. This area for improvement will be stated for a second time and carried forward to the next inspection.	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 2 Appendix 3 <b>Stated:</b> First time <b>To be completed by:</b> 22 November 2019	The registered person shall ensure there are policies and procedures in place that direct the quality of services provided by the nursing agency.  <b>Ref:</b> 6.0	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We confirmed that the nursing agency had compiled the list of policies outlined in Appendix 3.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 November 2019</p>	<p>The registered person shall develop a policy and procedure for matching skills and expertise of nurses to the requirements of placements.</p> <p>Ref: 6.0</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>We evidenced that the nursing agency had devised a policy and procedure for matching skills and expertise of nurses to the requirements of placements.</p>	

**5.2 Inspection findings**

**5.2.1 Are there robust systems in place for staff recruitment?**

The review of two recruitment records identified deficits in relation to the recruitment processes such as staff interviews and inductions had taken place before submission of the application form; and references for staff being received after commencement of employment. It was established that curriculum vitae (CV) and nursing qualification were absent in the records. An area for improvement was stated in this regard.

The recruitment records viewed evidenced that Access NI had been completed for staff employed.

It was noted that there was a good system in place to ensure that the nurses' skills were appropriate to the setting in which they were to be placed in and the nurse would be provided with the appropriate training.

The manager had a robust system in place to monitor alerts issued by the Chief Nursing Officer (CNO) for Northern Ireland. This indicates that the appropriate checks are undertaken before the nurses are employed.

**5.2.2 Are there robust governance processes in place?**

It was established during communication with the manager that staff (including the manager) had not completed Adult Safeguarding Training which was in accordance with Northern Ireland Regional Operational Safeguarding Procedures. The manager had not attended training relating to the role and responsibilities of an Adult Safeguarding Champion (ASC) for the nursing agency. An area for improvement has been made in this regard.

Information was provided to the manager that the ASC was required to complete an annual adult safeguarding report by 31 March each year. This will be reviewed at the next inspection.

Review of training records evidenced that not all staff had completed Deprivation of Liberty Safeguards (DoLS) training in line with their roles and responsibilities. An area for improvement has been made in this regard.

A review of the records confirmed that all staff provided are appropriately registered with the NMC. Information regarding registration details, renewal and revalidation dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

It was established that as the agency is not supplying nurses at this time, the agency has not been involved in any Serious Adverse Incidents (SAI's), Significant Event Analysis's (SEA's) or Early Alert's (EA's).

It was established that an alphabetical lists of service users and staff held by the agency had been compiled since the NOP meeting on 2 June 2021.

## 6.0 Conclusion

Two areas for improvement made following the last inspection were not reviewed as part of this inspection and these are being carried forward to the next inspection. In addition three areas for improvement were identified. One was made in relation to safe care and four were in relation to the agency being well led. Details can be found in the QIP included in this report.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards (2005).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	2

\* the total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the QIP were discussed with Mrs Esther Olojugba, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1)(d) Schedule 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that no nurse is supplied by the agency unless –</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The agency has changed it recruitment process, by ensuring all relevant documentation are obtained before interview takes place.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 November 2019</p>	<p>14.— (2) (a) The registered person shall ensure that each employee of the agency- (a) receives appropriate supervision;</p> <p>Ref: 6.0</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 November 2019</p>	<p>20.—(1) The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency.</p> <p>The registered person shall submit a copy of the monthly quality monitoring report to RQIA, no later than the fifth day of each month until further notice.</p> <p>Ref: 6.0</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

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<b>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that all staff undertake training in relation to DoLS, as relevant to their roles and responsibilities.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff will undergo DOLS training which incorporates the mental capacity Act- Deprivation of liberty safeguards, 2019 for Northern Ireland.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 9.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that all staff undertake training in relation to adult safeguarding, as relevant to their roles and responsibilities.</p> <p>This also includes ASC training for the person identified as the ASC.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> ASC Training has been booked for the registered manager. All staff will undergo adult safeguarding training relevant to their roles and responsibility.</p>

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



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Authority

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