

# Inspection Report

23 June 2022



## Red Group Personnel Limited

Type of service: Nursing Agency  
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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> Red Group Personnel Limited	<b>Registered Manager:</b> Mr Benjamin Brown
<b>Responsible Individual:</b> Mr Nicholas Poturicich	<b>Date registered:</b> 10/09/2020
<b>Person in charge at the time of inspection:</b> Mr Benjamin Brown	
<b>Brief description of the agency operates:</b> This is a nursing agency which operates from offices located in England. The agency currently supplies nurses to a number of Trusts within Northern Ireland.	

## 2.0 Inspection summary

An announced inspection was undertaken on 23 June 2022 between 09:30 a.m. and 12:45 p.m. by the care inspector.

The inspection focused on the agency's governance and management arrangements as well as staff recruitment, staff' registrations with the Nursing and Midwifery Council (NMC), adult safeguarding, notifications, complaints, whistleblowing, supervision, training, the management of Chief Nursing Officer alerts and retention of records.

Progress with any areas for improvement identified during and since the last inspection was reviewed.

Good practice was identified in relation to the monitoring of nurses registrations with the NMC. There were good governance and management arrangements in place, to ensure that the agency is compliant with the Nursing Agencies Regulations and Standards.

Areas for improvement were identified in relation to the annual quality report and dysphagia training.

Service users consulted with said that they were very satisfied with the quality of the nurses supplied and with the responsiveness of the agency's management.

### 3.0 How we inspect

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of nursing agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from service users that the agency takes all reasonable steps to promote people's rights. People in receipt of nursing care have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience their individual choices and freedoms.

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 written and verbal communication received since the previous care inspection.

The inspection focused on contacting the service users and staff to find out their views on the agency and 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.

The areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

We discussed any complaints and incidents during the inspection with the manager and reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 20.

Service users and nurses were invited to complete an electronic survey to provide feedback to the RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

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

The information provided by service users indicated that there were no concerns in relation to the agency. All confirmed that they were very satisfied with the standard of the nurses being supplied and the responsiveness of the agency to any issues that may arise.

Written comments included:

- "We have had no issues with any of the nurses they supplied."
- "We aren't currently using any staff from this agency at present; they did provide one nurse (last year) who was excellent."

## 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 1 June 2021 by a care inspector. A Quality Improvement Plan was issued. The written response by the provider was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 1 June 2021		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20  <b>Stated:</b> First time  <b>To be completed by:</b> 29 July 2021	The registered person shall review the system for undertaking quality monitoring visits to ensure they are undertaken by someone with the required level of experience and skill; the monitoring visits shall include the views of nurses currently being supplied and those of the commissioning trusts.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that this had been addressed. Advice was given in relation to alternative methods of getting stakeholder feedback.	
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 9.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 29 July 2021	The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with regional policies and procedures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that this area for improvement had been met.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 9.4  <b>Stated:</b> First time  <b>To be completed by:</b> 29 July 2021	The registered person shall review the content of the adult safeguarding training to ensure that it is aligned to the Northern Ireland regional guidance.  <b>Action taken as confirmed during the inspection:</b> Inspector confirmed that this area for improvement had been met.	<b>Met</b>
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## 5.2 Inspection findings

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

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards before nurses were supplied to the various health care settings.

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

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

A review of the records confirmed that all staff provided 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. Referrals had been made to the NMC as appropriate.

There was a system in place to monitor alerts issued by the CNO for Northern Ireland, the manager was familiar with the process for requesting an alert to be raised by the CNO's office.

Supervisions had been undertaken with nurses on a regular basis and in response to any issues about their practice being raised. Discussion took place with regards to the records of clinical supervisions for nurses who were working in long term placements. The manager agreed to maintain records of these going forward.

There was a process in place for receiving feedback on the nurses' practice.

There was a system in place to ensure that the 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 the Management of Actual or Potential Aggression (MAPA), as appropriate to their job roles.

None of the nurses had undertaken Dysphagia training. The manager advised that this area for development had previously been identified by the agency and that the nurses were in the process of completing this training in the Trusts they were supplied to. Given that we were unable to verify this, an area for improvement has been identified. Learning resources were shared with the manager, to assist in the development of their own training module in relation to Dysphagia.

As discussed in section 5.1, the content of the Adult Safeguarding policy and training was reviewed and were noted to reflect the regional guidance in Northern Ireland.

The quality monitoring processes were reviewed to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 20 of Nursing Agencies Regulations (Northern Ireland) 2005. It was good to note that complaints were monitored on a monthly, quarterly and annual basis, to identify any patterns or trends.

The annual quality report did not include stakeholder feedback. This was identified as an area for improvement.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

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

Records were retained in accordance with the Nursing Agencies Regulations.

There was evidence that the agency has appropriate Public and Employers Liability was in place.

## **7.0 Quality Improvement Plan/Areas for Improvement**

An area for improvement has been identified where action is required to ensure compliance with the Nursing Agencies Minimum Standards (2008).

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Benjamin Brown, 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 Minimum Standards, 2008	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 1.13  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2023	<p>The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  Annual Quality report amended and aligned with RQIA standard 1.13. New methods of gaining feedback organised which will be highlighted throughout.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.5  <b>Stated:</b> First time  <b>To be completed by:</b> 13 August 2022	<p>The registered person shall ensure that the nurses undertake training in relation to Dysphagia.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  Dysphagia module created and disseminated to all active staff members for immediate completion. Content in line with resources provided by RQIA at inspection.</p>

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



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