

# Inspection Report

10 May 2023



## Pure Healthcare Group 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> Pure Healthcare Group Ltd	<b>Registered Manager:</b> None at present
<b>Responsible Individual:</b> Mr. Tony Constantinides	<b>Date registered:</b> Not applicable
<b>Person in charge at the time of inspection:</b> Quality Assurance and Compliance Manager	
<b>Brief description of how the service proposes to operate:</b> This is a nursing agency which operates from an office located in London. The agency supplies nurses to a number of acute hospital settings in the Western Health and Social Care Trust (WHSCT) area.	

## 2.0 Inspection summary

An announced inspection was undertaken on 10 May 2023 between 10.30 a.m. and 3.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas including but not limited to: staff selection and recruitment; professional registrations; staff induction and training; adult safeguarding arrangements; and the reporting and recording of accidents / incidents.

Enforcement action resulted from the findings of this inspection. RQIA was concerned that the quality of services provided by the agency had fallen below the standard expected due to the lack of robust managerial and governance arrangements.

A serious concerns meeting was held on 18 May 2023 with the Responsible Individual and representatives from the agency's senior management team to discuss these shortfalls.

During the meeting the Responsible Individual provided a full account of the actions taken/ to be taken in order to drive improvement and ensure that the concerns raised at the inspection were addressed.

Following the meeting, RQIA decided to allow the Responsible Individual a period of time to demonstrate that the improvements had been made and advised that a further inspection will be undertaken to ensure that the concerns had been effectively addressed.

A Quality Improvement Plan (QIP) was issued outlining the areas for improvement required in respect of the following areas: fitness of the nurses; inadequate selection and recruitment arrangements; lack of managerial oversight of the complaints process; and inadequate quality monitoring arrangements. In addition, an area for improvement previously identified was not met and has been stated for the second time.

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

### **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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users.

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.

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

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

As part of the inspection process we spoke with a number of service users.

The information provided indicated that there were concerns in relation to the training and standard of nurses provided by the agency. This feedback received supported the inspection findings, which are detailed within the main body of the report.

No responses were received to the electronic survey.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 30 August 2022		
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> First time	The registered person shall ensure the safeguarding policy and training includes the regional policy 'Adult Safeguarding Prevention and Protection in Partnership', 2015.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The Adult Safeguarding policy and training content were not reflective of the regional policy and procedures, in terms of the key definitions and main forms of abuse.  The policy also required a section pertaining to the role of the Adult Safeguarding Champion.  This area for improvement has not been met and is stated for a second time.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	The registered person shall ensure that mandatory training includes Mental Capacity (DoLS) (No 2 Regulation Northern Ireland) 2019 and the Mental Health Order 1986.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	The registered person shall ensure that the registered manager has completed training on Deprivation of Liberties level 3 Safeguarding (DoLS).	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure the nurses are suitably experienced, skilled and competent?

Review of records highlighted deficits in relation to the fitness of the nurses supplied to acute hospital settings; this related specifically to inadequate experience, training and competency.

Whilst there was evidence the nurses had previous experience working in a number of different speciality areas, the employment histories had not been sufficiently scrutinised to establish the amount of experience had in each area.

The agency was not familiar with the Trust's training requirements; this related specifically to training on hyponatremia, hemovigilance and the National Early Warning Score (NEWS).

Nurses working in the Emergency Department should be proficient in relation to treating minor injuries. They should also be competent in nursing acutely ill patients from a number of different specialities and be competent in triage. There was no evidence that these competencies had been assessed. It was also identified that medicine competency assessments had not been completed.

This was discussed during the serious concerns meeting on 18 May 2023; with the Responsible Individual who acknowledged the importance of assuring nurses' fitness and supplying them to work in placements they are appropriately experienced to work in; assurances were provided that the agency would review the training requirements of service users to ensure the nurses are appropriately placed. An area for improvement has been identified in this regard.

### 5.2.2 What systems are in place for staff recruitment and are they robust?

The inspection highlighted that there were inadequate selection and recruitment arrangements in place so as to ensure that nursing staff supplied by the agency possessed the requisite qualifications, knowledge, skills and/or competencies which were necessary for the work they were required to perform within various clinical settings.

The interview process did not adequately assess the clinical skills of nurses, including their ability to safely care for acutely ill patients.

It was noted that the agency outsourced the interviews of nurses to an external organisation. Whilst the interviews had been undertaken by a registered nurse, the notes of the interview were not sufficiently detailed, to enable the agency to make an assessment on the nurses' clinical skills.

This was discussed during the serious concerns meeting on 18 May 2023; with the Responsible Individual who acknowledged the importance of robust selection and recruitment arrangements; assurances were provided that the agency would interview the nurses going forward; and that training would be sought for those involved in the selection and recruitment process. Two areas for improvement have been identified in this regard.

Review of recruitment records also identified that the nurses' employment histories did not include the reasons for leaving any previous employment. An area for improvement has been identified.

### **5.2.3 What are the arrangements for managing complaints and are they robust?**

Concerns were identified in relation the lack of robust managerial oversight of the complaints process. During the inspection, incorrect information in regard to the management of complaints was provided to the inspector. The complaints records contained insufficient detail and there was no evidence that the manager had robustly addressed the concerns in a timely and / or effective manner.

This was discussed during the serious concerns meeting on 18 May 2023; with the Responsible Individual who acknowledged the importance of taking timely action to address concerns relating to the performance of nurses; assurances were provided that the complaints process would be overseen by the Responsible Individual; and it was agreed that the complaints matrix would be updated and submitted to the inspector for review. An area for improvement has been identified in this regard.

### **5.2.4 What are the arrangements to ensure robust managerial oversight and governance?**

Serious concerns were identified regarding a lack of effective quality assurance of service provision by the Responsible Individual. Whilst there were reportedly governance audits undertaken on a regular basis, these did not demonstrate how the quality of service provision was reviewed. In addition, there was no evidence that service users had been consulted as part of the monthly quality monitoring process. This was discussed with the management team during the inspection and again at the serious concerns meeting with RQIA on 18 May 2023. RQIA was provided with an assurance of the actions the Responsible Individual had in place to address this matter. On this basis, an area for improvement has been identified.

The management arrangements were discussed. RQIA were made aware that the agency did not have a nurse manager. Whilst efforts had reportedly been made to recruit a new manager, a Notification of Absence in respect of the registered Manager was not submitted to RQIA despite a number of requests for this to be done.

This was discussed during the serious concerns meeting on 18 May 2023; with the Responsible Individual who advised that the agency has voluntarily suspended supplying nurses until a nurse manager is appointed; it was agreed that the agency would inform the relevant Trust of this decision and that RQIA would be kept up to date regarding the recruitment of a new manager. An area for improvement has been identified in this regard.

## 6.0 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 (2008).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	6	3*

\* the total number of areas for improvement includes one that has been stated for a second time and one which has been carried forward for review at the next inspection.

The areas for improvement and details of the QIP were discussed with the 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 The Nursing Agencies Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	<p>The registered person shall ensure that a robust system is developed and maintained which enables the manager to ensure that nurses are fit to work in the clinical area they are being supplied to; this should include effective and meaningful review of nurses' employment histories to ensure that their clinical experience in each speciality area is clearly quantified; and nurses are provided with training relevant to the hospital/setting they are working in; and records of competency assessments maintained</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Actions Taken:</p> <p>We have implemented a robust registration process allows the nurse to input and outline their clinical, skills, experience and competency in clinical areas. The nurse is required to provide evidence of their employment history dating back to the age of 18 in MM/YYYY format, each placement should clearly outline their clinical experience, roles and responsibilities for each placement.</p> <p>We have updated our Mandatory &amp; Statutory Training Policy and the Nurses training matrix inline with the Framework and RQIA requirements to remain relevant to the Hospital/Setting they are working in. It has been updated with the following training modules that were identified as missing during the inspection; Hyponatremia &amp; NEWS2. It was also identified that Hemovigilance module was missing however we have since obtained confirmation from our training provider (Healthier Business) that it is covered in the Blood Component Transfusion module).</p> <p>All competency assessments including, employment history, clinical experience, pre-screening forms and clinical interviews are retained on the candidates file and reviewed to ensure they successfully matched with the correct area of nursing.</p>



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (2) <b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that a robust interview process is developed and implemented, to ensure that nurses experience and training is appropriately matched to the hospital / setting they are being supplied to; accurate and detailed records of nurses' selection and recruitment interviews must be maintained and available at all times.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p><b>Actions Taken:</b> Following the inspection and with immediate effect we ceased using Healthier Business as our provider for Clinical Interviews as they did not meet the requirements of the RQIA Regulations. We have implemented a robust Clinical Interview process using in which our Registered Manager (Hilda Abban) will conduct the Clinical Interviews with the nurses to screen and qualify their qualifications, experience, skills, competency and knowledge using our own templates that are tailored to specific nursing specialities.</p> <p>Prior to the nurse being booked in for a Clinical Interview the nurse will complete the interview form at registration capturing their english writing skills and responses to the questions. Once completed, the nurses completed interview form, registration form and employment history is sent to the Registered Manager to review to identify any gaps in their experience, qualifications, knowledge, skills and competency. The nurse is then booked in to undergo their Clinical Interview. During interview is conducted registered manager will ask the nurse to expand on their responses using criteria based questioning to assess their skills in a clinical setting.</p> <p>All questions and responses are documented on the interview form along with an outcome form completed by the Registered Manager which will document her recommendations, any training needed and complete sign off that they believe the nurse is competent to work in a clinical setting.</p> <p>Evidence of this completed process has been provided to Aven for review.</p> <p>The Registered Manager has been booked in to complete the 'Healthcare Selection and Recruitment: Design and Deliver Effective Multiple Mini Interviews' this is a 3 week course which began on 26/06/2023.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 12 (2) Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the nurses' employment histories include the reasons for leaving any previous employment</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Action Taken: All nurses are required to provide their employment history dating back to the age of 18 in MM/YYYY format and any gaps in their employment history must include any reasons for the gap. If a gap is longer than 3 months within the last 3 years from the date they registered we would require a character reference to cover the gap.</p> <p>We have updated the Standard Operating Procedure for Compliance to ensure that employment histories are checked at registration to ensure that reasons for leaving are on every placement. If the nurse has not put reasons for leaving the compliance officer will send back the CV and ask them to input the information or they will go through the nurses CV with them on the phone and update it for them.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 19 (4)(6)(8)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that a robust system is developed and implemented so as to ensure that every complaint is robustly investigated in a timely manner; the manager should regularly and meaningfully analyse all complaints to identify patterns/trends in order to drive any necessary improvements; complaints should be reviewed with a view to identifying any fitness to practice issues; and nursing staff should not be supplied until all concerns regarding their practice are satisfactorily addressed and any identified training needs provided.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Actions Taken: Following the inspection and with immediate effect, we updated our complaints procedure and complaints tracker to ensure the complaints are handled correctly, investigated in a timely manner and all information and outcomes are documented.</p> <p>We have created a separate complaints tracker to only capture complaints raised in Northern Ireland. The complaints tracker now includes the following information:</p> <ul style="list-style-type: none"> <li>- Category of the complaint (Clinical Practice, Medication, Misconduct, Attitude)</li> </ul>

	<ul style="list-style-type: none"> <li>- Candidate Name &amp; Employment dates</li> <li>- Trust</li> <li>- Date complaint was received</li> <li>- Date the incident happened</li> <li>- Date the complaint was acknowledged</li> <li>- Nature of the complaint</li> <li>- Date the investigation commenced</li> <li>- Dates the interviews were conducted and with whom</li> <li>- Outcome of all interviews and investigations</li> <li>- Whether any additional requirements were requested and the date they need to be completed by</li> <li>- Whether the reflective statement has been received and on what date</li> <li>- Whether the complaint has been or needs to be referred to any regulatory body or authority</li> <li>- Immediate Action Plan</li> <li>- Date the complaintg was uploaded to the RQIA Web Portal</li> </ul> <p>All supporting evidence, documentation and outcomes relating to any complaint are stored in a Complaints Folder which only the senior management team have access to.</p> <p>Having a complaints tracker that clearly captures all information relating to any complaint received allows the Registered Manager to identify fitness to practice issues, additional training needs and any trend/patterns.</p> <p>We have provided Aveen with a copy of the complaints tracker and policy for review.</p>
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<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 20 (1)(2)(3)(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that quality monitoring reports are robustly and comprehensively completed in keeping with Regulation; the reports must contain a time bound action plan; and must evidence meaningful and timely review by the manager and the Responsible Individual.</p> <p>Ref: 5.2.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Actions Taken:</p> <p>It was identified during the investigation that we was not using the correct template for our Quality Monitoring Report. With immediate effect we obtained the correct template from RQIA and have implemented it in our processes for when we begin supplying again.</p> <p>Using the correct template will ensure we capture information on the supply of nurses, number of incidents, client and candidate feedback, recruitment checks and areas for improvement on a montly basis. To</p> <p>Each month the previous report will be reviewed by the Registered Manager and Responsible Person to identify any trends or patterns. All infromation is documented on the Quality Monitoring Template and stored for review and audit purposes.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 23 (1)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that RQIA is notified of any change in manager in keeping with the Regulations.</p> <p>Ref: 5.2.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Actions Taken:</p> <p>We have contacted the guidance team for the web portal and are now fully aware on how to work the Web Portal. All changes to the Manager, organisation and service will be notified through the portal.</p> <p>We have since closed the Notification of Absence for our previous Registered Manager and processed an application for our new Registered Manager (Hilda Abban).</p>

<b>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 9.1  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate from the date of the inspection.	<p>The registered person shall ensure the safeguarding policy and training includes the regional policy 'Adult Safeguarding Prevention and Protection in Partnership', 2015.</p> <p>Ref: 5.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Action Taken:</p> <p>In response to this improvement plan we have contacted Safeguarding Adults training provider (Healthier Business) to confirm whether the training included the Northern Ireland specific regional policy. Healthier Business have confirmed that the training includes 'National Legislation/Policies - Northern Ireland' inclusive of link which will take the nurse to the 'Adult Safeguarding Prevention and Protection in Partnership' &amp; the 'Adult Safeguarding Operational Procedures Adults at Risk of Harm and Adults in Need of Protection'.</p> <p>We have retained evidence of this confirmation and has been has been sent onto Aveen as evidence.</p> <p>Our Safeguarding Vulnerable Groups Policy has been updated to include the correct definitions, all types of abuse and the role of the safeguarding champion.</p> <p>An action was also carried over from the last QIP which was for the Responsible Person and Registered Manager to complete 'Keeping Adults Safe: Adult Safeguarding Champion and Appointed Person Training'. We have been in contact with a training provide called 'Volunteer Now' which was recommended by the RQIA and have booked in the training for 19/10/2023. This was the only date that was available, however the Responsible Person and Registered Manager have been added onto the cancellation list for the training day in August which was fully booked when we tried to book.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection.	<p>The registered person shall ensure that the registered manager has completed training on Deprivation of Liberties level 3 Safeguarding (DoLS).</p> <p>Ref: 5.1</p>
	<p><b>Action required to ensure compliance with this standard 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> Standard 6.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection.</p>	<p>The registered person shall ensure that all staff involved in the selection and recruitment of nurses have received training in selection and recruitment commensurate with their role and that such training is periodically reviewed in keeping with best practice and records retained</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Area of Improvement 2: UNABLE TO TYPE IN ABOVE PROVIDED SECTION</p> <p>Actions Taken:</p> <p>Our Registered Manager (Hilda Abban) is currently in the process of completing this training module.</p> <p>Area of Improvement 3</p> <p>Action Plan:</p> <p>Our Registered Manager (Hilda Abban) has been booked in for 'Healthcare Selection and Recruitment: Design and Deliver Effective Multiple Mini Interviews' Training which is a 3 week course. Hilda began the course on 26/06/2023. Once completed the certificate will be retained on file to prove the Registered Manager has conducted the training.</p>
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***\*Please ensure this document is completed in full and returned via Web Portal***



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