

Inspection Report

Name of Service: Top Class Nursing Agency

Provider: Top Class Healthcare Ltd

Date of Inspection: 28 May 2026

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:	Top Class Healthcare Ltd
Responsible Individual/Responsible Person:	Mrs Acknowledge Ngwena
Registered Manager:	Mrs Marina Burns
Service Profile – Top Class Nursing Services is registered with RQIA as a Nursing Agency and currently supplies registered nurses to various care home settings throughout Northern Ireland. The agency operates from an office located in Portadown. Top Class Nursing Services 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 28 May 2026, between 9.35 am and 2.30pm by a care Inspector.

The last care inspection undertaken on 2 October 2025 by a care inspector identified three areas for improvement. This inspection was undertaken to assess progress in relation to the areas for improvement identified during the last care inspection and to evidence how the agency is performing in relation to the regulations and standards. It also sought 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. Service users said that they were satisfied with the standard of nurses supplied.

As a result of this inspection two areas for improvement previously identified relating to recruitment practices and staff training were assessed as having been addressed by the provider. This is discussed in section 3.3.1. One area for improvement relating to the review of policy documents was assessed as not met and will be carried forward to the next inspection. Two new areas for improvement were identified during this inspection relating to the evaluation and planning of services and quality monitoring reports. This is discussed in section 3.3.2. Full details of the findings of this inspection can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

For the purposes of the inspection report, the term 'service user' describes the care homes, 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 the previous quality improvement plan issued, registration information, and any other written or verbal information received from service users or nurses.

Throughout the inspection process inspectors will seek the views of those who use the nurses supplied by the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service

We spoke to a range of service users and staff to seek their views of working with this agency.

Service users said that the nurses supplied to them were well trained and polite and that there were no concerns about the conduct and care provided by any of the nurses supplied by the agency.

Nurses who provided feedback on the agency said that they felt that the agency was responsive to any queries they had and that they were good at providing timely reminders regarding any training that was needed.

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 staff induction, regular training and continued supervision and support.

An area for improvement identified at the previous inspection related to recruitment practices and specifically, the need to ensure that any gaps and reasons for leaving employment were explored and documented prior to supplying any nurses to healthcare settings. A review of a recently recruited staff member's recruitment records confirmed that criminal record checks (Access NI), were completed and verified before the registered nurse was supplied to a care home setting. There was evidence that a full employment history was obtained and that any

gaps in employment were explored and recorded in recruitment documentation. This area for improvement was assessed as met by the provider.

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 in compliance with regulations and standards. The manager confirmed that there had been no referrals made by the agency to the NMC.

The interview process was reviewed and written records were retained by the agency of the nurses' capability and competency in relation to their job role. Registered nurses had supervisions and appraisals undertaken in accordance with the agency's policies and procedures.

All nurses must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. Nurses got the opportunity to discuss the post registration training requirements during supervision, appraisal meetings and in team meetings.

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 in which they were placed. An area for improvement identified at the previous inspection related to the training needs of staff including end of life care and complaints training. A review of training records confirmed that both training elements had been added to the agency's training requirements and all staff had completed the requisite training. The area for improvement was deemed to have been addressed.

3.3.2 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Marina Burns has been the manager in this agency since 6 April 2022. Staff said that the management team were supportive, approachable and able to provide guidance.

A review of the reports of the agency's quality monitoring arrangements established that there was engagement with staff but engagement with service users was not always obtained. The reports routinely monitored any incidents as part of regular checks to identify any patterns or trends but did not report on the number of adult safeguarding concerns. Some sections of the report were left blank, for example, the designation of the person completing the monitoring visit and the number of incidents relating to staff misconduct. Action plans identified in each report did not correspond to actions to progress arising from the previous quality monitoring report. Furthermore, the dates in which adult safeguarding champion training was completed by the Responsible Person and Registered Manager were incorrect. An area for improvement has been identified.

A review of the agency's system for evaluating the quality of the service on an annual basis found that the agency did not collate this information in line with Standard 1.13 of the Nursing Agencies Minimum Standards. An area for improvement was identified.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. The manager had two identified ASC's. A review of the Adult safeguarding policy confirmed that there was an established procedure for staff to report concerns and to manage the safeguarding and protection of adults at risk of harm. The manager confirmed that there had been no adult safeguarding concerns raised since the last inspection. On examination of the Adult Safeguarding policy it was disappointing to note that despite assurances from the manager after the previous inspection, the policy had not been amended to reference the Department of Health's (DoH) regional guidance document.

An area for improvement identified at the previous inspection related to the review of policy documents and development of an Accidents and Adverse Incidents Policy. review of this, whilst an Accidents and Incidents policy had been developed and implemented, a selection of the agency's other policy documents such as the Complaints Policy, Data Protection Policy and Induction policy required to be reviewed and amended to include the issue date, review date and next review date. Furthermore, a review of the medication policy identified that staff were referred to as 'care workers' rather than nurses and there was reference to the Mental Capacity Act 2005 legislation which is applicable to England and not Northern Ireland. This area for improvement is re-stated for a second time.

There was a system in place to manage complaints in accordance with the agency's policy and procedure. The manager advised that no complaints had been received since the last inspection.

Records were retained in accordance with the Nursing Agencies Regulations.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

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

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	2*

* the total number of areas for improvement includes 1 standard that has been stated for a second time which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Marina Burns (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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (2)(3) (4) Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency. This should include consultation with service users and a review of adult safeguarding concerns raised. Ref: 3.3.2 Response by registered person detailing the actions taken: The registered manager for Top Class Nursing Services will maintain weekly communication with the home managers to check if there are any concerns raised by our staff. Once a month the registered manager carries out some spot checks as a way of monitoring our staff and build a positive rapport with the home managers. This improves the quality of services we are offering. These visitations or phone calls to the home managers creates some good communication with managers. When a problem arises they will know whom to contact to voice their concerns. Review of safeguarding will be carried out following our policies and procedures as appropriate.
Action required to ensure compliance with Nursing Agencies Minimum Standards, 2008	
Area for improvement 1 Ref: Standard 1.13 Stated: First time To be completed by: Immediate from the date of the inspection	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. Ref: 3.3.2 Response by registered person detailing the actions taken: An annual quality report has been devised by the registered manager and it will be sent out to the stakeholders as appropriate for them to review and any feedback received will be actioned accordingly.

Area for improvement 2 Ref: Standard 2 Stated: Second time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that there are policies and procedures in place that direct the quality of services provided by the nursing agency; this relates to ensuring that policies are subject to systematic 3 yearly review; and to the development of an Accidents and Adverse Incidents policy as per Appendix 3 of the Nursing Agencies Minimum Standards. Ref: 3.3.2
	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.

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