



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Staff Nursing Ltd

Provider: Staff Nursing Ltd

Date of Inspection: 2 April 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:	Staff Nursing Ltd
Responsible Individual:	Mr Thomas Robinson
Registered Manager:	Mrs Elizabeth Jane Ross
<p>Service Profile: Staff Nursing Ltd is a nursing agency operating from premises based in Belfast. The agency currently supplies registered nurses to a number of residential and nursing homes.</p> <p>Staff Nursing Ltd also supplies Health Care Assistants (HCA) to various healthcare settings. RQIA does not regulate HCAs.</p>	

2.0 Inspection summary

An announced inspection took place on 2 April 2025, between 9.15 am and 12.15 pm by a care Inspector.

The last care inspection of the agency was undertaken on 15 September 2023 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and 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. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as Induction, training and competency assessments.

Service users said that they were satisfied with the standard of nurses supplied.

Full details, including areas for improvement identified, 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 registration information, and any other written or verbal information received from service users or nurses.

Throughout the inspection process inspectors seek the views of the service users, 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 and their quality of life

Services users told us that they were satisfied with the standard of the nurses provided by the agency. One service user commented that the nurse supplied was 'kind and polite to colleagues and residents'. The nurses provided feedback, indicating they were very satisfied with the training provided by the agency and that they felt very supported in their role.

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.

Review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

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; this system was reviewed and found to be in compliance with regulations and standards.

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. However, it was identified that the medicines competency assessments were not completed until the nurses had been supplied for a three-month period.

Similarly Learning Disability awareness training was included in the nurses' annual review process, rather than being included in their initial induction. An area for improvement has been identified.

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 and appraisal meetings. However, review of the training records and discussion with the manager identified that the nurses had not received certain elements of training that would be required for care homes' settings. For example, the nurses had not completed training in respect of dementia awareness, falls prevention and management, end of life care or wound care. An area for improvement has been identified.

Discussion took place with the manager regarding the system for placing nurses into settings where their skills closely matched the needs of patients. Advice was given in relation to utilising the same (grading) system used by the recruitment side of Staff Nursing, to the registered nurses. This pertained specifically to the supply of nurses with learning disability experience into learning disability care homes. This advice was welcomed by the manager.

Procedures were in place for supervising nurses and appraising their performance. Review of records confirmed that the agency sought feedback on the nurses' practice on a regular basis.

Records evidenced one hundred per cent of appraisals had been completed on an annual basis.

3.3.2 Quality of Management Systems

There has been a change in the management of the agency since the last inspection. Mrs Elizabeth Ross has been the manager in this agency since 1 September 2024.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, and staff practices was in place. This included monthly quality monitoring reports and an annual quality report, which were completed in detail.

Review of incident and complaints records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process.

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 was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The annual safeguarding position report had been completed.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice and/or the quality of services provided by the agency, as necessary.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Elizabeth Ross, 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	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that learning disability awareness training; and medicines competency assessments are included in the nurses' initial induction process. Ref: 3.3.1 Response by registered person detailing the actions taken: The induction process has been reviewed and these are now included.
Area for improvement 2 Ref: Standard 6.5 Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that nurses are provided with training suitable to the care setting they are being supplied to; this refers particularly to, but is not limited to, dementia awareness, falls prevention and management, end of life care or wound care. Ref: 3.3.1 Response by registered person detailing the actions taken: Training programme reviewed and will include dementia awareness, falls prevention and management, end of life and wound care. Any other suitable training will be added where necessary.

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews