

# Inspection Report

**Name of Service: Direct Healthcare 24 Limited**

**Provider: Direct Healthcare 24 Limited**

**Date of Inspection: 26 March 2025**

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Direct Healthcare 24 Limited
<b>Responsible Individual:</b>	Mr Nicholas Paul Poturicich
<b>Registered Manager:</b>	Mr Benjamin Brown
<b>Service Profile</b>	
Direct Healthcare 24 Limited is a nursing agency which operates from an office located in London. The agency currently supplies nurses to a hospital setting within the Belfast Health and Social Care Trust (BHSCT).	

## 2.0 Inspection summary

An announced inspection took place on 26 March 2025, between 9.55 am to 3.10 pm and was conducted by a care Inspector.

The last care inspection of the agency was undertaken on 19 June 2023 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency was performing in relation to the regulations and standards.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints and whistleblowing was also reviewed.

No areas for improvement were identified.

A representative from the BHSCT said they were very satisfied with the service provided by Direct Healthcare 24 Limited.

For the purposes of the inspection report, the term 'service user' describes the commissioning Trust into which the agency nurses are supplied to work.

We wish to thank the manager, staff and service user for their support and cooperation during the inspection.

## 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 staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of 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 agency

As part of the inspection process we spoke with a number registered nurses and a service user. The information provided indicated that those we spoke with did not have any concerns in relation to the agency.

A representative from the BHSCT said they were very satisfied with the service provided by Direct Healthcare 24 Limited. The representative told us "The manager is always responsive and proactive in relation to any matters raised."

Staff spoke very positively in regard to the agency. One told us that "I had one-week induction when I started with Direct Healthcare. The induction included lots of training and we got a staff handbook. We get supervision every three months but can contact the office if we need to talk about anything." Staff indicated that they were very well supported by the manager and that the training provided was good.

## 3.3 Inspection findings

### 3.3.1 Staffing Arrangements

A 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.

There was a system in place for all newly recruited nurses to complete a comprehensive induction, to ensure they were competent to carry out the duties of their role in line with the agencies policies and procedures. The induction included specific training.

### **3.3.2 The systems in place for identifying and addressing risks**

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.

It was positive to note that registered nurses have supervisions planned in accordance with the agency's policies and procedures.

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. This training included Deprivation of Liberty Safeguards (DoLS), Adult Safeguarding, Dysphagia, Safety Intervention, Haemovigilance and Medical Gases as appropriate to their job roles.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. 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.

### **3.3.4 The arrangements to ensure robust managerial oversight and governance**

There were quality monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users and staff.

Review of incident and complaints records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis.

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

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

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Benjamin Brown, Manager, and the Commercial Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and  
Quality Improvement  
Authority

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