

# Inspection Report

**Name of Service:** Top Class Nursing Services  
**Provider:** Top Class Healthcare Ltd  
**Date of Inspection:** 2 October 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>	<b>Top Class Healthcare Ltd</b>
<b>Responsible Individual/Responsible Person:</b>	Mrs Acknowledge Ngwena
<b>Registered Manager:</b>	Mrs Marina Mary Burns
<p><b>Service Profile:</b> Top Class Nursing Services is registered with RQIA as a Nursing Agency and currently supplies registered nurses to various healthcare settings throughout Northern Ireland. The agency operates from an office located in Portadown.</p> <p>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.</p>	

## 2.0 Inspection summary

An announced inspection took place on 2 October 2025 between 10.15am and 2.45 pm by a care Inspector.

This inspection was undertaken to assess progress in relation to the area for improvement identified during the last care inspection undertaken on 11 October 2024. It also undertook 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. Service users said that they were satisfied with the standard of nurses supplied.

As a result of this inspection the area for improvement previously identified relating to monthly monitoring reports was assessed as having been addressed by the provider. This is discussed in more detail in section 3.3.2. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency such as recruitment practices, staff training and the review of policy documents. Full details, including new 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 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**

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

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 the agency was quick to respond to any queries arising.

## **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.

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before registered nurses were supplied to the various care home settings. Other pre-employment checks included ensuring a full employment history is obtained and that any gaps in employment are accounted for. On review of these checks however, it was noted that reasons for leaving any caring roles were not consistently documented within the recruitment records. The importance of ensuring that any gaps and reasons for leaving employment are explored and documented prior to supplying any nurses to a healthcare setting was highlighted to the manager who acted upon this advice immediately and agreed to review all staff's employment records. It was recommended that prompts be included within recruitment templates to ensure that this information is captured for all nurses as

part of robust recruitment practices going forward. This has been identified as an area for improvement.

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. Records had been retained of any referrals the agency made 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 and appraisal 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. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia, stroke awareness, catheter care, sepsis, wound care and falls prevention, as appropriate to their job roles. On review of the training records and from discussion with the manager it was 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, end of life care. It was also identified that the manager had not completed complaints training. An area for improvement has been identified.

### 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 consulted with commented positively about the management team and described them as supportive, approachable and able to provide guidance.

An area for improvement was identified at the previous inspection related to the quality monitoring arrangements. A review of the reports of the agency's quality monitoring established that there was engagement with service users and staff. The reports routinely monitored any incidents as part of the monthly checks to identify any patterns or trends. On this basis the area for improvement was deemed to have been addressed by the provider. Advice was given to the manager around ensuring that the Quality Improvement Plan arising from previous inspections is included within the quality monitoring report. This will be reviewed at a future inspection.

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. 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; however, it did not include reference to the Department of Health's (DoH) regional guidance document. The manager has since confirmed that reference to this has been included within the policy. A review of Adult safeguarding concerns raised since the last inspection confirmed that these had been managed appropriately. The annual safeguarding position report had been completed.

A review of a selection of policies and procedures identified that there was no accident and incident policy and some documents including the Whistleblowing policy, Induction and Supervision policy required to be reviewed in line with the Nursing Agencies Minimum standards. This is identified as an area for improvement.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

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.

#### 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
<b>Total number of Areas for Improvement</b>	1	2

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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (d)  <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 no nurse is supplied by the agency unless full and satisfactory information is available in relation to them in respect of each of the matters specified in schedule 3; this relates to ensuring that a full employment history together with explanations of any gaps in employment or reasons for leaving care positions are obtained of each staff nurse employed.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b>            We will continue with full employment history, adding the new column entitled Reason for leaving, this will explain why they left one company to join another company. All nurses in our register has been asked to update their employment history with this added column.</p>
<b>Action required to ensure compliance with Nursing Agencies Minimum Standards, 2008</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.5  <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 all staff are provided with training suitable to the care setting they are being supplied to; this refers particularly to but is not limited to end of life care and complaints training.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b>            End of Life Module has been added to the nursing training and all nurses have completed this module.</p> <p>The nurse manager has completed the training on complaints which is CPD compliant. The training was completed on the 4th of November 2025.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 2  <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 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.</p> <p>Ref: 3.3.2</p>

**Response by registered person detailing the actions taken:**

The Whistleblowing Policy, Induction Policy and Supervision Policy were reviewed in line with the Nursing Agencies Minimum Standard. There is a system in place to ensure that all policies and procedures are reviewed three yearly or as required.

Accident and Incident Policy was fomulated as per Nursing Agencies Minimum Standard on the 3rd of November 2025.



## The Regulation and Quality Improvement Authority

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