

Inspection Report

Name of Service: Sir Henry Recruitment Ltd

Provider: Sir Henry Recruitment Ltd

Date of Inspection: 29 July 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:	Sir Henry Recruitment Ltd
Responsible Individual/Responsible Person:	Ms Penelope Roberts
Registered Manager:	Ms Penelope Roberts
Service Profile Sir Henry Recruitment is registered with RQIA as a Nursing Agency and currently supplies registered nurses to private nursing homes. The agency operates from an office located in Belfast.	

2.0 Inspection summary

An announced inspection took place on 29 July 2025, from 9.35 am to 2.35 pm. This was conducted by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 16 November 2023; 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 in the settings they were supplied to work in, and that the agency was well led. An area for improvement identified related to recruitment practices.

Service users said that they were satisfied with the standard of nurses supplied. The nurses told us that they felt well supported by the agency. Refer to Section 3.2 for more details.

As a result of this inspection, the area for improvement previously identified was assessed as having been addressed by the provider. Full details, including a new area 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 settings into which the agency's nurses are supplied to work.

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 area for improvement, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that the agency was good and they had no complaints or issues. One remarked that the nurses supplied were professional and courteous.

Staff feedback indicated they were very satisfied with the induction and training provided by the agency and that they felt supported in their role. One told us that the manager is supportive and the communication with the agency is good.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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 were supplied.

We reviewed two recently recruited nurses' recruitment records. It was noted that a statement of physical and mental fitness was not available for one staff member. An area for improvement has been identified.

There was a robust interview process, and written records were retained by the agency of the nurses' capability and competency in relation to their job role.

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 had completed training appropriate to the requirements of the settings in which they were placed.

Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, moving and handling and medicines management.

A review of the records confirmed that 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.

Procedures were in place for staff supervision and staff confirmed that supervision had taken place.

3.3.2 Quality of Management Systems

Ms Penelope Roberts has been the registered manager in this agency since 13 June 2023. Staff consulted with commented positively about the manager and described her as supportive and approachable.

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.

The annual quality report was reviewed and noted to include stakeholder feedback.

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 appointed ASC for the agency. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

A system is in place to ensure that complaints are managed appropriately. No complaints have been received since the last inspection.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Ms Penelope Roberts, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that no nurse is supplied by the agency unless that they are physically and mentally fit for the work that they perform.</p> <p>Ref: 3.3.1</p> <p>Response by Registered Person detailing the actions taken:</p> <ol style="list-style-type: none"> 1. Reviewed and updated Recruitment & Selection Policy: <ul style="list-style-type: none"> • Ensure the recruitment policy explicitly includes the requirement for a signed declaration of physical and mental fitness. 2. Ammended the Health Declaration Form: <ul style="list-style-type: none"> • Added a dedicated section for the Registered Manager to sign off confirming the nurse's fitness for duty. • The revised version of the existing Health Declaration Form implemented. 3. Mandatory Manager Sign-Off: <ul style="list-style-type: none"> • The Registered Manager must review each nurse's health declaration and sign off before the nurse is assigned any work. • Amended the 'Audit Tool' for recruitment compliance process to include 'Health Declaration sign off' section. 4. Recruitment Staff: <ul style="list-style-type: none"> • Recruitment staff to redo their recruitment and selection training to ensure they refresh their understanding of the importance of verifying and documenting fitness for duty. 5. Audit and Monitoring: <ul style="list-style-type: none"> • The Registered Manager to conduct monthly audits of new staffs recruitment files to ensure compliance. • Record findings and take corrective actions if any gaps are identified. 6. Communication and Accountability: <ul style="list-style-type: none"> • Informed all relevant staff of the updated procedures. • Assigned responsibility to a designated team member to oversee compliance.

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