

# Inspection Report

**Name of Service:** Allied and Clinical Recruitments

**Provider:** Allied and Clinical Recruitments Ltd

**Date of Inspection:** 2 May 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>	Allied and Clinical Recruitment Ltd
<b>Responsible Individual/Responsible Person:</b>	Mrs Esther Olojugba
<b>Registered Manager:</b>	Mrs Esther Olojugba
<b>Service Profile –</b> Allied and Clinical Recruitments is a nursing agency which supplies nurses to the Southern Health and Social Care Trust (SHSCT), the South Eastern Health and Social Care Trust (SEHSCT), the Western Health and Social Care Trust (WHSCCT) and the Belfast Health and Social Care Trust (BHSCT).	

## 2.0 Inspection summary

An announced inspection took place on 2 May 2025, from 9.30 a.m. to 2.15 p.m. 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 15 June 2023. The inspection also sought to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

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.

As a result of this inspection the previous area for improvement was assessed as having been addressed by the provider.

Enforcement action resulted from the findings of this inspection. This was in respect of a lack of robust governance arrangements and managerial oversight, effective quality assurance of service provision and concerns in relation to staff recruitment.

A serious concerns meeting was held on 28 May 2025 with the Responsible Individual to discuss these shortfalls.

During the meeting the Responsible Individual provided a full account of the actions taken / to be taken in order to drive improvement and ensure that the concerns raised at the inspection were addressed.

Following the meeting, RQIA decided to allow the Responsible Individual a period of time to demonstrate that the improvements had been made and advised that a further inspection will be undertaken to ensure that the concerns had been effectively addressed.

For the purposes of the inspection report, the term 'service user' describes the hospitals in 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 Quality Improvement Plan issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trusts.

Throughout the inspection process inspectors seek the views of those working for the agency and review 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**

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 they find it difficult to establish communication with the nurse manager for the agency and, when issues are raised, they are slow at responding.

Staff told us that they found the agency to be professional and easily accessible. One nurse remarked that, the manager "has been supportive and helpful when it comes to the work".

### 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 pre-employment criminal record checks (AccessNI) were completed and verified before staff members commenced employment and had direct engagement with service users.

A review of staff recruitment records identified that there was an inaccurate employment history for one candidate and a lack of exploration as to why candidates had left previous care roles. In another record, a criminal record check (AccessNI) was undertaken prior to the application and interview of the candidate; the Registered Manager was unable to provide an explanation for this. It was also concerning that these deficits had not been identified by the agency's own internal governance systems.

An area for improvement has been identified.

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.

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.

Procedures were in place for appraising staff performance. Records evidenced staff appraisals had been completed on an annual basis.

#### 3.3.2 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Esther Olojugba has been the manager in this agency since 19 December 2019 and she is also the Responsible Individual.

A representative of the registered provider compiled a monthly report to examine all areas of the running of the agency. The reports of these visits were found to be inadequate, with limited information, with no action plans and no evidence that these reports had been reviewed by the registered manager. An area for improvement has been identified.

Deficiencies were identified in the management of complaints. Inaccurate information was found on the complaints log. There was no evidence that complaints were reviewed by the manager to critically analyse the information, or that a system for shared learning from complaints was established. An area for improvement has been identified.

The annual quality report was reviewed and noted to be inadequate as a driver to improve quality within the agency. There was no evidence of recommendations or action plans within this report or that this report had been reviewed by the registered manager. An area for improvement has been 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 was identified as the appointed ASC for the agency. An annual safeguarding position report had not been completed. An area for improvement has been identified.

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

#### 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>	4	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Esther Olojugba, Manager / Responsible Individual, 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 12, Schedule 3

**Stated:** First time

**To be completed by:** Immediately from the date of inspection

The Registered Person shall ensure that there is a full employment history for each candidate, with reasons given for leaving each period of employment; AccessNI checks should be completed when the candidate is to be offered the post.

Ref: 3.3.1

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

To address this issue and ensure full compliance with safer recruitment standards, Allied and Clinical will implement the following measures:

**1. Reinforce Recruitment Policy & Checklist**

The agency's recruitment process and supporting documentation, including the Recruitment Checklist, will be updated to mandate that all unexplained gaps in employment are explored and a written explanation is documented. This requirement will form part of the mandatory interview and vetting procedure.

**2. Strengthen Interview Practice**

Recruitment staff will be required to:

Explicitly ask candidates about any periods not covered by employment.

Record clear, written explanations for each gap in the candidate's interview record.

Seek supporting evidence where appropriate (e.g. travel, study, caring responsibilities, etc.).

**3. Staff Guidance and Training**

Formal guidance will be provided to all recruitment personnel, detailing the expectations and procedures for addressing gaps in employment. Where necessary, targeted refresher training will be delivered to ensure consistent practice across the team.

Allied and Clinical has re-designed its recruitment procedures, to ensure all Access NI's are processed after all documents and application forms have been received from the candidate.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The Registered Person shall maintain a system for reviewing at regular intervals the quality of services provided by the agency.</p> <p>Ref: 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <ol style="list-style-type: none"> <li>1. Annual Quality Report Redesign and Implementation Allied and Clinical has redesign its monthly Quality Report to ensure it captures a comprehensive overview of the agency’s performance across key metrics. This includes analysis of complaint trends, incident reports, client satisfaction levels, staff performance reviews, and audit outcomes. The revised report will explicitly identify areas requiring improvement and include a clear, measurable action plan with assigned responsibilities and review timelines to ensure follow-through. These are now being signed off by the Responsible Person, (Esther Olojugbda) on a monthly bases.</li> <li>2. Stakeholder Engagement Process A structured process will be introduced to gather stakeholder feedback on the quality of services provided. This will include annual surveys and/or consultation meetings with our clients where possible, including our agency nurses. A summary of stakeholder feedback, along with actions taken in response, will be incorporated into the Annual Quality Report to support continuous improvement and transparency.</li> <li>3. Interview Practice and Staff Guidance Interviewing staff have received updated guidance and training to standardise the process of probing unexplained employment periods and new staff will go through the same process. Clear documentation of all discussions related to employment gaps will be maintained in the interview records as part of regulatory compliance and best practice.</li> <li>4. Monthly Complaints Review and Analysis A formal monthly review of the agency’s complaints log has been established to systematically identify emerging trends, recurring issues, and opportunities for service improvement. This review will focus on lessons learned and will include a documented analysis of the findings along with any improvement actions taken. Outcomes from these reviews will be integrated into the Monthly/Annual Quality Report to inform strategic planning and promote a culture of continuous quality improvement.</li> </ol>
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<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 19</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall maintain a complaints system which includes the accurate recording and shared learning from complaints.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Allied and Clinical has implimented the following:</p> <ul style="list-style-type: none"> <li>• Ensure the accuracy and completeness of all complaint records.</li> <li>• Implemented a structured monthly review of complaint data.</li> <li>• Enhance the complaints management procedure to include trend analysis and discuss these during meetings.</li> <li>• Ensure relevant staff are trained and confident in the revised process.</li> </ul>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered provider shall manage the agency with sufficient care, competence and skill. This specifically relates to the arrangements for the completion of an annual safeguarding position report and a review of the agency’s adult safeguarding policy.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <ol style="list-style-type: none"> <li>1. A formal procedure will be implemented to: Ensure the Annual Adult Safeguarding Position Report is compiled every January for the previous calendar year. Clearly assign responsibility to the Registered Manager and Compliance Manager for report preparation. Ensure the report is reviewed, signed off by the Responsible Individual, and submitted to the appropriate authority (RQIA).</li> <li>2. Document Control and Governance Integration The Safeguarding Position Report will be added to the organisation’s Annual Compliance Calendar and included in the Quality &amp; Governance meeting agenda for review each year.</li> </ol>

<b>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 1.13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The Registered Person shall ensure the quality of services provided is evaluated on at least an annual basis and follow-up action taken.</p> <p>Ref: 3.3.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>To ensure a quality service, Allied and Clinical's Annual Quality Report will reflect the experiences and expectations of our stakeholders, we will implement a formal stakeholder feedback process. This will include:</p> <ul style="list-style-type: none"> <li>• Annual satisfaction surveys distributed to: Service users e.g. hospitals, agency nurses.</li> <li>• Optional stakeholder review meetings (virtual or in-person) to collect qualitative feedback</li> <li>• Feedback themes and stakeholder commentary will be summarised and integrated into the Annual Quality Report.</li> </ul>



## The Regulation and Quality Improvement Authority

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