

Inspection Report

Name of Service: Medlocums Recruitment Limited

Provider: Medlocums Recruitment Limited

Date of Inspection: 26 September 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:	Medlocums Recruitment Limited
Responsible Individual/Responsible Person:	Mr Michael Helleur
Registered Manager:	Miss Langelihle Dube
<p>Service Profile:</p> <p>Medlocums Recruitment Limited is a nursing agency whose registered office is located in London. The agency is currently supplying registered nurses to all of the Health and Social Care (HSC) Trusts within Northern Ireland.</p> <p>Medlocums Recruitment Limited also supplies Health Care Assistants (HCA) to various healthcare settings. RQIA does not regulate Recruitment Agencies.</p>	

2.0 Inspection summary

An announced inspection was undertaken 26 September 2025, between 9.30 a.m. and 1.20 p.m. by a care Inspector in a location in Belfast.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection conducted on 3 June 2024; and 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, training and adult safeguarding. The reporting and recording of accidents and incidents, complaints and whistleblowing was also reviewed.

As a result of this inspection, one area for improvement identified at the last inspection was assessed as being met; no new areas for improvement were identified.

For the purposes of the inspection report, the term 'service user' describes the hospitals or 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 Medlocums Recruitment Limited. This included the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received from service users, nurses 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 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

Feedback received from service users was positive. We were told by service users that "good engagement and communication" with the agency has been of benefit in bringing about improvements that has led to a reduction in incidents and improved patient safety. Feedback from service users highlighted that they satisfied with how incidents were responded to by the agency.

Registered Nurses also advised of an improved experience of working for the agency. They again felt this was a result of improvements in communication. Registered Nurses stated that they felt the agency treated them well, agency representatives illustrated understanding in their communication with registered nurses and were readily available to offer support as needed. It was positive to hear one registered nurse describe the agency's representatives as "approachable". Registered Nurses confirmed that they receive localised induction when attending a workplace for the first time. Feedback received also confirmed that the newsletters distributed by the agency were felt to be beneficial.

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.

The interview process was reviewed and records were retained by the agency of the registered nurses' capability and competency in relation to their job role.

Review of the agency's staff recruitment records confirmed that all pre-employment checks, including enhanced criminal record checks (AccessNI), were completed and verified before staff members commenced employment and were supplied into various care settings.

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 comply with regulations and standards.

The agency's recruitment processes were robust and were highlighted by the Inspector as an area of good practice during feedback to the manager.

Induction had been identified as an area for improvement during the previous inspection on 3 June 2024. The agency was able to demonstrate that new processes and procedures had been introduced to address this deficit.

Feedback from the Manager highlighted that it could be challenging at times for the agency's registered nurses to have their induction records completed by the settings into which they were supplied; however, some completed templates were available for review and noted to be satisfactory. Additionally, guidance for registered nurses concerning the completion of induction templates was evident in the agency's staff handbook and there was evidence of regular reminders sent to registered nurses. In view of these findings, the previous area for improvement was assessed as being met.

Training arrangements for nurses includes Deprivation of Liberties Safeguards (DoLS), adult safeguarding, and dysphagia. It was positive to note that the agency having acknowledged an increase in incidents relating to the management of diabetes proactively sought to reduce the likelihood of similar reoccurrences in the future and therefore had made diabetes awareness training mandatory for all registered nurses.

There was evidence of regular refresher training being completed by nursing/midwifery staff, including specialist midwifery training such as Practical Obstetric Multi-Professional Training (PROMPT) and Cardiotocography (CTG). Through discussion, it was positive to learn that the agency was responsive to any identified training needs such as casting for those working within Accident and Emergency departments.

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

The agency operates an electronic system for retaining details of staff training which automatically blocks staff from being supplied if required training is not up-to-date.

Scheduled supervision was organised bi-annually with additional supervision available upon request. Furthermore, additional supervision sessions are organised as needed by the agency for example, following involvement by nursing staff in incidents. Procedures were in place for appraising staff performance.

3.3.2 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Miss Langelihle Dube has been the manager in this agency since 12 November 2018.

Service users and staff consulted with commented positively about the agency.

All records and information relating to the agency were retained electronically and held in accordance with Regulation.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis and an in-depth analysis completed to establish any patterns/trends. Positive practice was identified following analysis of incidents with newsletters sent to staff found to contain information relating to best practice recommendations, promoting shared learning across the agency.

Incident analysis was also broken down per HSC Trust areas, with evidence of collaborative working between the agency and respective Trust representatives to seek a resolution of any contributory factors identified.

The Manager advised that one incident had occurred that may require investigation under the Serious Adverse Incidents (SAI) procedure.

Nursing 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 safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The Manager also highlighted some of the challenges which face the agency in regard to adult safeguarding investigations, such as, the duration of some investigations during which nursing staff cannot be supplied by the agency.

The annual safeguarding position report had been completed to a satisfactory standard.

Complaints were managed appropriately and it was good to note that any identified learning was shared with staff on a regular basis.

A review of quality monitoring reports completed by the agency, were found to be of a high standard. The report findings aided the Manager in identification of any developing patterns/trends and proposed actions to drive forward service improvement. The reports reviewed a range of matters such as complaints, incidents and safeguarding referrals. Suggestions to further improve the quality of these reports were made by the Inspector such as including greater detail within stakeholder feedback; the agency agreed to implement these suggestions going forward and this will be reviewed at the next inspection.

An area of good practice was noted in relation to the quality of the annual quality report which included objectives to be achieved by the agency over the coming twelve months.

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 Miss Langelihle Dube, Registered Manager as part of the inspection process and can be found in the main body of the report.

****Please ensure this document is completed in full and returned via the Web Portal****



The Regulation and Quality Improvement Authority

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