



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: NC Healthcare Ltd
Provider: NC Healthcare Ltd
Date of Inspection: 1 May 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:	NC Healthcare Ltd
Responsible Individual:	Mrs Sally Lindop
Registered Manager:	Mr Norman Shaikh
Service Profile –	
<p>NC Healthcare Ltd is a registered nursing agency. The agency provides registered nurses to Health and Social Care Trusts (HSCT) in Northern Ireland. The agency office is located in England.</p> <p>This agency also acts as a Recruitment Agency and supplies Health Care Assistants (HCAs). RQIA does not regulate Recruitment Agencies.</p>	

2.0 Inspection summary

An announced inspection took place on 1 May 2025, from 10.30 a.m. to 4:30 p.m. conducted by a care Inspector.

The inspection was undertaken to evidence how the agency was performing in relation to the regulations and standards, to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 6 April 2023, 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, 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, however, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as recruitment, monthly monitoring, annual quality report and complaints.

For the purposes of the inspection report, the term 'service user' describes the hospitals 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 Quality Improvement Plan issued, 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 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 the agency works well with the Trust, but there is no communication / engagement with the clinical nurse for this agency.

Staff told us they were satisfied with the help from the team and that they had raised an issue that the agency is working to resolve.

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 were supplied to hospitals.

There was evidence that full employment histories were not consistently available, and therefore gaps in employment could not be identified or explained. In some files, there were no reasons recorded for leaving previous employments. Each file reviewed did contain two written references, however, references were not always obtained from the current or most recent employers. 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 and staff confirmed that appraisals had taken place. Records evidenced staff appraisals had been completed on an annual basis.

3.3.2 Quality of Management Systems

There has been a change in the registered manager of the agency since the last inspection. Mr Shaikh has been the registered manager in this agency since 13 April 2023.

Service users and staff commented positively about the agency, however comments in relation to the lack of communication/engagement with the clinical nurse for this agency from a service user was shared with the agency following the inspection.

The agency was visited each month by a representative of the registered provider to consult with service users and staff and to examine all areas of the running of the agency. The reports of these visits did not evidence a robust system for reviewing the quality of the agency, for example, the progress relating to the previous area for improvement was not recorded and complaints information was omitted. An area for improvement has been identified.

An Annual Quality Report for this agency was not available. An area for improvement has been identified.

Complaints management was reviewed, but the agency was unable to clearly evidence management oversight of complaints or that shared learning was identified. 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 safeguarding policy. A specific individual 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.

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
Total number of Areas for Improvement	3	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sally Lindop, Responsible Individual, Mr Muhammad Ali, Director, and Mr Rob Blanchard, Director, 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)(d) Schedule 3</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 full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Full employment history is now required at application stage. The form has been updated to include reasons for leaving previous roles and whether the applicant is registered with other agencies. Assessment forms are now sent to clients at the end of each week the agency worker remains in placement to support ongoing monitoring.</p> <p>Referee details are requested after 10 days in placement, allowing time to assess performance. A formal end-of-placement reference process has been introduced, ensuring a request is sent at the end of each placement, regardless of whether specific referee details have been provided.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The Registered Person shall establish and maintain a complaints procedure.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: A new Complaints Tracker has been introduced to capture more detail, including remedial actions and the responsible person. The data is integrated into our Database Management Software, enabling full organisational visibility of staff with previous complaints, number, severity, and whether they are suitable for future placements.</p> <p>Monthly complaint data is submitted to the Compliance Director, who compiles statistics covering complaint volumes, severity, referrals, trends, shared learning, and employment decisions. This summary is then shared with the Board for review and assurance.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 20</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency.</p> <p>Ref: 3.3.2</p>
	<p>Response by registered person detailing the actions taken: Monthly reports are now more detailed and shared with the Nursing Manager and Company Directors. These cover complaints, clinical issues, and quality metrics. The Registered Person leads review discussions to evaluate quality progress, identify further improvements, and confirm plans for implementation.</p> <p>The complaints process has been updated and embedded into monthly reviews. Quality questionnaires are now issued to clients, workers, and service users. Responses are analysed and presented by the Registered Person to the Board for consideration and action.</p>

<p>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 1.13</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 the quality of services provided is evaluated with key stakeholder involvement, on at least an annual basis, and follow-up action taken.</p> <p>Ref: 3.3.2</p>
	<p>Response by registered person detailing the actions taken: Quality of Service Questionnaires have been introduced for clients and service users, creating a clear record of monthly feedback. The Registered Person reviews responses quarterly and reports findings to the Board.</p> <p>Board meetings will now include feedback analysis as a standing item, highlighting trends, shared learning, and areas for improvement. Monthly monitoring reports will continue to document quality progress, action owners, and implementation status.</p>

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