

Inspection Report

11 July 2024



Vivid Healthcare

Type of Service: Nursing Agency
Address: Ground Floor, Beaufort House, 15 St. Botolph Street,
London EC3A 7DT
Telephone Number: 020 3371 7207

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Vivid Healthcare Search Limited	Registered Manager: Mr. Alan Price
Responsible Individual: Mr. Jacob Jayson	Date registered: 19 February 2024
Person in charge at the time of inspection: Registered Manager	
Brief description of the agency operates: Vivid is a nursing agency which operates from offices located in London. The agency supplies registered nurses to NHS hospitals in Northern Ireland.	

2.0 Inspection summary

An announced inspection was undertaken on 11 July 2024 between 8.00 a.m. and 12.00 noon. The inspection was conducted by a care inspector.

On the date of inspection, it had been several months since the agency had supplied nurses within Northern Ireland. RQIA will keep this matter under review.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff training, adult safeguarding, complaints, system for retaining records and whistleblowing.

One area of improvement identified at the previous inspection in relation to the agency's Statement of Purpose and Service User Guide was assessed as not met and has been stated for the second time. One area for improvement identified at the previous inspection in relation to matching nurse competency and skills to placements was assessed as partially met and has been stated for a second time.

An area for improvement was identified in relation to the content of the agency's monthly monitoring reports (MMRs).

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of nursing agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from service users that the agency takes all reasonable steps to promote people's rights. People in receipt of nursing care have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience their individual choices and freedoms.

4.0 What people told us about the agency?

Given that the agency had not supplied nurses for several months, comments from nurses and service users were not sought as part of this inspection.

5.0 The inspection

5.1 What has this agency done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the agency was undertaken on 5 March 2024 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Due to the number and nature of areas for improvement identified at the last inspection, a Serious Concerns meeting was held with representatives from the agency on 15 March 2024.

Areas for improvement from the last inspection on 5 March 2024		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 Stated: Second time To be completed by: Immediate from the date of inspection	The registered person shall ensure that the staff handbook is further developed to include mandatory training requirements for Northern Ireland. Action taken as confirmed during the inspection: Inspector confirmed the staff handbook was available and fully up to date at the time of inspection.	Met

<p>Area for improvement 2</p> <p>Ref: Regulation 15</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that the staff handbook is amended to exclude all references to medical staff in order to make it specific to nursing.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed the staff handbook was available and fully up to date at the time of inspection</p>	<p>Met</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 inspection</p>	<p>The registered person shall introduce and maintain a system for reviewing, at appropriate intervals, the quality of the services provided by the agency. This relates specifically to the completion of monitoring reports on a monthly basis.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed monthly monitoring reports were available and up to date at the time of inspection.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 15</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall establish a procedure for managing complaints. This shall include the address and phone number of RQIA.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed The Complaints Policy and Procedure was available and up to date at the time of inspection.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate from date of inspection</p>	<p>The registered person shall keep the Statement of Purpose and Service User Guide under review.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed the Statement of Purpose and Service User Guide had not been updated to reflect Regulations</p>	<p>Not met</p>

Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: Second time To be completed by: Immediate from date of inspection	The registered person shall ensure that mandatory training includes the Mental Capacity (DoL) (No 2 Regulation Northern Ireland) 2019 and the Mental Health Order 1986.	Met
	Action taken as confirmed during the inspection: Inspector confirmed these subjects are included in the agency's mandatory training programme for registered nurses.	
Area for improvement 2 Ref: Standard 9.1 Stated: Second time To be completed by: Immediate from date of inspection	The registered person shall ensure the safeguarding policy and training includes the regional policy 'Adult Safeguarding Prevention and Protection in Partnership', 2015.	Met
	Action taken as confirmed during the inspection: Inspector viewed evidence that confirmed this policy is included in training and the agency's safeguarding policy.	
Area for improvement 3 Ref: Standard 7 Stated: First time To be completed by: Immediate from date of inspection	The registered person shall ensure the selection of nurses for supply ensures appropriate matching of nurses by reviewing previous roles, practice experience and competency.	Partially met
	Action taken as confirmed during the inspection: There was some evidence that this area for improvement had been made.	
Area for improvement 4 Ref: Standard 2 Stated: First time To be completed by: Immediate from date of inspection	The registered person shall ensure policies and procedure are in place and are subject to systematic review. This relates specifically to Management of Records and Matching skills and Expertise of Nurses to the Requirements of Placements policies.	Met
	Action taken as confirmed during the inspection: Inspector confirmed these policies were available and up to date at the time of inspection.	

5.2 Inspection findings

5.2.1 What systems are in place for staff recruitment and are they robust?

No nurses had been recruited since the previous inspection. Discussion with the manager indicated they had good knowledge of the regulatory requirements in this area.

5.2.2 What are the arrangements to ensure robust managerial oversight and governance?

A review of the records confirmed that all registered nurses were appropriately registered with the 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. The manager reported no referrals had been made to NMC.

Some improvements had been made to the system to ensure that the registered nurses were placed into settings where their skills closely matched the needs of patients. RQIA is still not, however, completely assured that there was full oversight of this process by the manager. This area for improvement was stated for the second time as partially met.

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 and Dysphagia as appropriate to their job roles.

The content of the Adult Safeguarding policy and training was reviewed and was noted to reflect the regional guidance in Northern Ireland.

There were quality monitoring arrangements in place in compliance with Regulations and Standards. A review of these reports evidenced that

- There was no review of any trends in relation to complaints received by the agency
- Staff training files had not been audited
- Details of staff and service users' feedback was not recorded
- Details of the quality improvement plan issued after the last inspection was not complete

RQIA was therefore not assured that MMRs are being completed on a sufficiently detailed manner so as to drive and embed improvement into practice. An area for improvement has been identified.

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. It was positive to note the agency had a Complaints Log in place,

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The alphabetical list of staff employed by the agency was up to date.

Records were retained in accordance with the Nursing Agencies Regulations.

The agency's registration certificate was up to date along with current certificates of public and employers' liability insurance.

The Statement of Purpose and Service User Guide required improvements to ensure compliance with regulation. An area for improvement has been stated for a second time in this regard.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards (2008).

	Regulations	Standards
Total number of Areas for Improvement	2*	1

* the total number of areas for improvement includes two that have been stated for a second time and

Areas for improvement and details of the QIP were discussed with Mr. Alan Price, Registered 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 6</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall keep the Statement of Purpose and Service User Guide under review.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has personally reviewed the Statement of Purpose and the Service User Guide with agency input where required. Both documents are focused entirely on our operations in Northern Ireland and solely around the supply of nursing staff. Additionally, the Registered Manager has provided these documents to the inspector for their reference rather than waiting for the next inspection.</p> <p>The Registered Manager will continue to keep both documents under review and will ensure that they are updated promptly whenever any relevant changes occur.</p>
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
<p>Area for improvement 1</p> <p>Ref: Standard 7</p> <p>Stated: Second time</p> <p>To be completed by:</p>	<p>The registered person shall ensure the selection of nurses for supply ensures appropriate matching of nurses by reviewing previous roles, practice experience and competency.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has thoroughly reviewed the recently implemented skill matching policy for registered nurses and found it to be robust and well-structured. However, due to our lack of active operations in Northern Ireland at the time, it was challenging to demonstrate this policy in action during the inspection in July. As the Registered Manager, I am fully committed to upholding these standards, and it is clearly understood within the team how I approve skills and match nurses to the appropriate sectors. I have the support of the Head of Nursing to uphold these standards within the agency team. Please be assured that, by the next inspection, should we have supplied nurses, I will be able to fully demonstrate that the process is safe, effective, and rigorous enough to ensure that no nurse is placed without the necessary checks</p>

	<p>being completed. Although reviewed at inspection, the policy was re-provided to the inspector as part of this action.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 1.12</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing for the date of inspection</p>	<p>The registered person shall complete a monitoring quality report on a monthly basis. This report summarises the comments of people who use the services and/or their representatives about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the nursing agency is being managed in accordance with minimum standards.</p> <p>This relates specifically to the need for increased detail and analysis in the monthly monitoring reports</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Following the previous inspection, the Registered Manager carefully considered all the feedback and guidance provided by the inspector, along with the minimum standards. Based on this, I drafted ideas for what a comprehensive monthly monitoring report should encompass. Moving forward, I will also be sending polite reminders to the Head of Nursing to ensure timely submission of their monthly reports. These reports are essential as they fully inform and evaluate our work, while also providing clear actions and guidance for the month ahead.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

