

Inspection Report

Name of Service: Plan B Healthcare Limited
Provider: Plan B Healthcare Limited
Date of Inspection: 30 April 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:	Plan B Healthcare Limited
Responsible Individual/Responsible Person:	Mr Nicholas Paul Poturicich
Registered Manager:	Mr Benjamin Brown
Service Profile: This agency is a registered nursing agency which supplies nurses to a number of acute hospital settings in all Health and Social Care Trust (HSCT) areas.	

2.0 Inspection summary

An announced inspection took place on 30 April 2025, between 10 am to 1.35 pm and 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 3 October 2023; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that there were good processes in place to ensure the nurses being supplied were providing safe care; and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users said that they were satisfied with the standard of nurses supplied.

As a result of this inspection the previous area for improvement was assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

For the purposes of the inspection report, the term 'service user' describes the commissioning Trust into which the agency nurses are supplied to work.

We wish to thank the manager, staff and service users for their support and cooperation during the inspection.

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 registration information, and any other written or verbal information received from staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of 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 agency

As part of the inspection process we spoke with a number registered nurses and service users. The information provided indicated that those we spoke with did not have any concerns in relation to the agency.

Representatives from the commissioning Trusts said they were satisfied with the service provided by Plan B Healthcare Limited. One representative told us "The agency is very responsive to matters raised and always provides any additional information."

Staff spoke very positively in regard to the agency. One told us that "This is a good agency to work for and I get regular supervision." Staff indicated that they were very well supported by the manager and that the training provided was good.

3.3 Inspection findings

3.3.1 Staffing Arrangements

A 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 commenced employment and had direct engagement with service users.

There was a system in place for all newly recruited nurses to complete a comprehensive induction, to ensure they were competent to carry out the duties of their role in line with the agencies policies and procedures. The induction included specific training.

3.3.2 The systems in place for identifying and addressing risks

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.

It was positive to note that registered nurses have supervisions planned in accordance with the agency's policies and procedures.

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 were provided with training appropriate to the requirements of the settings in which they were placed. This training included Deprivation of Liberty Safeguards (DoLS), Adult Safeguarding, Dysphagia, Safety Intervention, Haemovigilance and Medical Gases as appropriate to their job roles.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. 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 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. The annual safeguarding position report had been completed.

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

3.3.4 The arrangements to ensure robust managerial oversight and governance

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.

Complaints were managed appropriately and it was positive to note the manager liaised with the Nursing and Midwifery Council (NMC) in relation to any concerns arising around the nurses' practice. Complaints were reviewed on a regular basis and where trends were identified, measures were put in place to address the matter.

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

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 Mr Benjamin Brown, Manager, as part of the inspection process and can be found in the main body of the report.



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