



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Pure Healthcare Group Limited

Provider: Pure Healthcare Group 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:	Pure Healthcare Group Ltd
Responsible Individual:	Mr. Tony Constantinides
Registered Manager:	Ms Adela Faye Carson
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 1 May 2025, between 9.20 am and 2.30 pm 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 areas for improvement identified, by RQIA, during the last care inspection on 17 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 all of the previous areas for improvement were 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.

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.

Throughout the inspection process inspectors seek the views of the 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 service

Services users told us that in general the feedback received from the hospital wards was 'positive'. The feedback indicated that there had 'only (been) some minor incidents' which had been dealt with 'quickly and professionally'.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

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 all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before nurses were supplied. Whilst there was evidence that the agency's compliance team had discussed the nurses' reasons for leaving previous employments with them, as part of the recruitment process, the manager was advised that this information is best being provided by the nurses themselves. This was welcomed by the manager, who agreed to amend the current processes to reflect this.

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.

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

It was good to note that the interview template and competency assessments had been tailored towards the speciality area the nurses wished to work in. However, it was noted that the medicines competency assessments were undertaken by the nurses, prior to the interview process; this meant that the manager could not be assured that the nurse was not assisted in completing this. Once raised, the manager took immediate action to change the process in this regard.

Newly recruited nurses completed an induction, which included information on the different expectations in each Trust area.

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 and in keeping with the HSCT requirements. It was good to note that the agency verified training certificates, where the training had not been provided by their approved training provider; this is good practice.

Procedures were in place for appraising nurse performance and nurses were provided with supervision on a regular basis.

3.3.2 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Ms Faye Carson has been the manager in this agency since 26 February 2024.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place; this included monthly quality monitoring reports and an annual quality review report. Both reports were completed in detail; however, advice was given in relation to including narrative of service user and nurse feedback within the reports, rather than appending this to the reports. This advice was welcomed by the manager.

Complaints were managed appropriately and it was good 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. For example, where a number of concerns had been raised in relation to nurses understanding of the National Early Warning System (NEWS), a competency assessment in relation to NEWS had been developed. It was good to note that all nurses will complete this as part of their annual training update.

Further to a review of the complaints records, advice was given to the manager relating to the European Working Time Directive and reminding the booking team of this; in addition, nurses must be reminded not book shifts directly with the wards, without the agency being informed.

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. 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.

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 Ms Adela Faye Carson, Manager, as part of the inspection process and can be found in the main body of the report.



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