

Inspection Report

Name of Service: Frontline Recruitment Group Ltd
Provider: Frontline Recruitment Group
Date of Inspection: 12 August 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| Organisation/Registered Provider: | Frontline Recruitment Group |
| Responsible Individual/Responsible Person: | Mr. Jonathan Mark St Clare |
| Registered Manager: | Ms. Mary Bailie |
| Service Profile – Frontline Recruitment Group Ltd is currently supplying registered nurses to the five local Health and Social care (HSC) Trust's within Northern Ireland. | |

2.0 Inspection summary

An unannounced inspection took place on 12 August 2025, between 9.30 am and 1.45pm 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 16 June 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 satisfactory processes in place to ensure the nurses being supplied were providing safe care. 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. 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 the previous area for improvement issued, 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.

Information was provided to service users and staff on how they could provide feedback on the quality of services. This included an electronic survey.

3.2 What people told us about the service and their quality of life

Representatives from the commissioning Trusts said they were satisfied with the service provided by the agency. They told us that they had a good working relationship with the agency and communication was good.

It is disappointing to note there were no responses received from nurses following requests for feedback nor via the electronic staff survey.

3.3 Inspection findings

3.3.1 Governance and Managerial Oversight

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

There were 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 staff and stakeholders. However, the manager, contrary to the legislation and standards, had completed these reports. The manager was informed that the Registered Person/Individual should complete the monthly monitoring of quality reports. They agreed this would be the case moving forward, compliance will be assessed at the next inspection.

There were processes in place to review the quality of the service on an annual basis. The Annual Quality Report was reviewed, and assessed as satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. A register of complaints was retained by the agency. Details relating to the complaints process was included in the statement of purpose and service users guide. There was evidence of a system to ensure oversight of complaints, which included a review of complaints during the monthly quality monitoring visits.

There was a selection of policies available to direct staff, it was evident these policies were reviewed every three years and when changes occurred. Staff had access to electronic versions of all relevant policies.

3.3.2 Staffing Arrangements recruitment and selection, professional registration and training)

Safe staffing begins at the point of recruitment and continues through to staff induction, regular training and continued supervision and support.

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

A review of the records confirmed all registered nurses were appropriately registered with the Nursing and Midwifery Council (NMC). The manager monitored registration details and renewal dates and a record of these checks was available.

Written records of the interview process were contained within the staffs' recruitment files. These included a good selection of interview questions and a comprehensive scoring system was in use. The manager confirmed interviews were conducted face to face, during which photographic identification was verified. There was a system in place to assess the capability and competency of the nurses' in relation to their job role.

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.

The oversight arrangements in relation to staff training were robust and training compliance was good.

Procedures were in place for appraising nurse performance and nurses received supervision on a regular, ongoing basis.

3.3.3 Safeguarding

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. The manager was advised to consider updating this policy to reflect the level of safeguarding detail outlined in the staff handbook. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and was found to be satisfactory.

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. Mary Bailie, Manager, as part of the inspection process and can be found in the main body of the report.



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