The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Carrik Care Ltd**

Provider: **Carrik Care Ltd**

Date of Inspection: **9 December 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:	Carrik Care Ltd
Responsible Person:	Miss Ghada Ahmed Ragab Abdou
Registered Manager:	Miss Ghada Ahmed Ragab Abdou
Service Profile – Carrik Care Ltd is a nursing agency. The agency currently supplies registered nurses to nursing homes within Northern Ireland. The registered office is located in Belfast. Carrik Care also acts as a Recruitment Agency and supplies Health Care Assistants (HCA) to various healthcare settings. RQIA does not regulate Recruitment Agencies.	

2.0 Inspection summary

An announced inspection took place on 9 December 2025, from 9.45 a.m. to 2:30 p.m. This was 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 three areas for improvement identified, by RQIA, during the last care inspection on 14 January 2025, 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 one of the previous areas for improvement was assessed as having been addressed by the provider, and two previous areas for improvement were stated for a second time, these are related to recruitment and complaints. Two further areas for improvement were identified, these related to monthly monitoring reports and the matching skills process.

For the purposes of the inspection report, the term 'service user' describes the locations 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 nurses are excellent.

Staff told us the agency is supportive, providing flexible hours and opportunity to learn new skills for career progression. They remarked that they were satisfied in their role and work life balance.

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 into the various healthcare settings.

There was evidence that full employment histories and reasons for leaving previous employments 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. An area for improvement has been identified and will be stated for the second time.

The policy and system in place to ensure that the registered nurses were placed into settings where their skills closely matched the needs of patients lacked robustness. An area for improvement has been identified.

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. A system is in place to monitor supervisions and appraisals, the frequency of supervisions was incorrectly stated in one policy, which the agency has agreed to correct. This will be reviewed at future inspection.

3.3.2 Quality of Management Systems

Miss Ghada Ahmed Ragab Abdou has been the registered manager in this agency since 29 November 2016.

Service users and staff commented positively about the agency.

The agency was visited each month by a representative of the registered provider to consult to complete a monthly monitoring report. 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 areas for improvement was not recorded and complaints information was not reflective of the details on the complaints tracker. In addition, the reports did not contain feedback from service users or staff. An area for improvement has been identified.

An Annual Quality Report for this agency was available and found to be satisfactory. Some advice was shared on how this report could be further enhanced.

Complaints management was reviewed, but the agency was unable to clearly evidence accurate complaints recording or that shared learning was identified. The complaints policy contained a number of inaccuracies. An area for improvement has been identified and will be stated for a second time.

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

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the Operations Manager and the Deputy Nurse 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	
Area for improvement 1 **Ref:** Regulation 12(1)(d) Schedule 3 **Stated:** Second time	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. Ref: 3.3.1
To be completed by: Immediate from the date of the inspection	**Response by registered person detailing the actions taken**: • Implemented a mandatory "Employment History from age 18" template with: month/year timeline, gap declarations, reasons for leaving, referee details, and signature/date by applicant and recruiter. • Added a Recruitment Compliance Gate: no onboarding/booking unless the file includes complete employment history, gap explanations, and reasons for leaving (plus AccessNI, ID, references, right-to-work, NMC where applicable). • Introduced a compliance audit with escalation to Registered Manager for any incomplete Schedule 3 fields.
Area for improvement 2 **Ref:** Regulation 19 **Stated:** Second time	The registered person shall establish and maintain a complaints procedure. Ref: 3.3.2
To be completed by: Immediate from the date of the inspection	**Response by registered person detailing the actions taken:** • Policy alignment confirmed: Our Complaints procedure is aligned to the NIPSO two-stage model (Stage 1 target 5 working days; Stage 2 target 20 working days; acknowledgement within 3 working days for Stage 2; escalation/signposting included).

	• Single source of truth implemented: We have implemented a central Complaints Register with a unique reference number, categorisation (complaint/concern/comment/compliment), stage, severity/risk rating, key dates, acknowledgement, investigation actions, outcome, remedy, complainant updates, closure and responsible owner. • Tracker rationalised: The previous tracker has been retired. The Complaints Register is now the only record used for reporting, and all monthly monitoring reports draw directly from it to prevent inconsistencies. • Learning & improvement embedded: Each complaint now requires documented root cause + corrective action + preventive action (CAPA) with owner, due date and verification. Learning is reviewed monthly at governance meetings and evidenced in minutes/action logs. • Staff briefing and compliance gate: Staff have been briefed on what constitutes a complaint/concern, what to log, escalation triggers (including safeguarding overlap), response standards and timescales. Logging and stage allocation are checked by [Registered Manager/Head of Operations] for consistency.
Area for improvement 3 **Ref:** Regulation 20 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency. This relates to the quality of the monthly monitoring reports Ref: 3.3.2
	Response by registered person detailing the actions taken: • Redesigned the Monthly Monitoring Report into a structured governance tool including: • AFI tracker status (each RQIA action: progress, evidence, risk if overdue) •Complaints/Safeguarding activity (numbers + themes + learning) •Recruitment compliance KPIs (Schedule 3 completeness, reference timeliness, audit results) •Training compliance (mandatory training completion, expiries) •Service user feedback (spot-check calls/emails + summary) •Staff feedback (pulse check + issues/actions) •Actions/owners/deadlines and sign-off by Registered Provider/Manager • Introduced a monthly Governance Meeting with documented minutes, action tracker, and evidence pack aligned to the monitoring report.

Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
Area for improvement 1 **Ref:** Standard 7.2 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure a robust process is in place for the selection of nurses for supply to any setting is made by an identified nurse with appropriate skills and expertise who reviews previous roles, practice experience and competency of each nurse and matches appropriate nurse(s) to the requirements of the placement setting. Ref: 3.3.1
	Response by registered person detailing the actions taken: • Appointed an Identified Clinical Matcher (Deputy manager) accountable for sign-off of every RN placement at the point of recruitment and in case of any change in clinical skills. • Identified placements will be part of the profile sent to clients. • Built a Skills Matrix for all RNs (competencies, recent placements, restrictions, refresh dates) used at booking stage to evidence objective matching.

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