The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Hive Healthcare Ltd**

Provider: **Hive Workforce Ltd**

Date of Inspection: **3 November 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:	Hive Workforce Ltd
Responsible Individual/Responsible Person:	Ms Tanya McLaughlin
Registered Manager:	Ms Tanya McLaughlin

Service Profile –
Hive Healthcare operates a nursing agency in Northern Ireland. The agency proposes to supply and place registered nurses into independent sector nursing homes, NHS hospitals and community primary care sites. Nurses have been supplied into independent sector nursing homes since the agency's registration in August 2024.

Hive Healthcare 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 3 November 2025, from 9.45 a.m. to 1:15 p.m. conducted by a care Inspector.

The last care inspection of the agency was undertaken on 9 December 2024 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that the nurses provided safe, effective and compassionate care in the settings they were supplied to work in and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

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.

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

One area for improvement was identified during this inspection, this was related to recruitment.

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 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 agency office staff are both very professional in their roles. "They both have a good understanding of the requirements of our service and strive to find staff cover that meet these requirements. We have found our experience with Hive to be positive and have used staff regularly".

Staff told us they found the whole experience working for the agency as positive and informative with each step explained along the way. Staff also remarked that they had no issues or concerns regarding the agency.

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 to hospitals. There was evidence that full employment histories were consistently available, however in one file, a reference was not obtained from the current or most recent employer. An area for improvement has been identified.

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.

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.

3.3.2 Quality of Management Systems

Ms Tanya McLaughlin has been the registered manager in this agency since 23 August 2024. Staff commented positively about the manager.

The agency was visited each month by a representative of the registered provider to consult with service users and staff and to examine all areas of the running of the agency. The reports of these visits evidenced a robust system for reviewing the quality of the agency.

An Annual Quality Report for this agency was available.

Complaints were managed appropriately.

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. The annual safeguarding position report had been completed.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Ms Tanya McLaughlin, Responsible Individual / 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

Area for improvement 1 **Ref:** Regulation 12(1)(d) Schedule 3 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	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. This specifically relates to a reference from a present / most recent employer. Ref: 3.3.1
	Response by registered person detailing the actions taken: An audit was carried ot to ensure a reference was obtained from the most recent or current employer. In the instances where a reference can not be retrieved from a current or most recent employer, evidence of such should be filed in the staff member's file. This is also reflected in Hive Healthcare's Recruitment policy. **48244**

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