



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Bionical Health Limited
Provider: Bionical Health Limited
Date of Inspection: 6 February 2026

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:	Bionical Health Limited
Responsible Individual/Responsible Person:	Mr Gareth Williams
Registered Manager:	Mrs Gemma Shiells
Service Profile:	
<p>Bionical Health Limited is a nursing agency which operates from an office in Willington, England. The patients' care is commissioned by the Belfast Health and Social Care Trust (BHSCT) and is paid for by a pharmaceutical company. The agency supplies nurses to an acute hospital setting, to support patients whilst they are commencing on a new medicine treatment (the titration period). The agency is also contracted to offer extended support to the patients when they are discharged from hospital, in the form of teaching; advice and support; and 'reviews' which are undertaken after months one, three and six, following the titration period. Following the final 'review', the agency make regular contact (welfare checks) with the patients; and follow up is made with the relevant healthcare professional within the Trust; and a 'review' may then be arranged.</p> <p>The people receiving support from Bionical Health Limited live in their own homes or in a care home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 6 February 2026, between 9.30 am and 12 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 16 January 2025; 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 and effective care, when they undertook 'reviews' of patient care. Improvements were required, however, to ensure the effectiveness and oversight of certain aspects of the agency, such as ongoing patient care quality assurance arrangements and the recruitment process.

Feedback from stakeholders was mixed in terms of the level of satisfaction. Refer to Section 3.2 for more details.

As a result of this inspection both areas for improvement previously identified were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 QIP issued, registration information, and any other written or verbal information received from service users, relatives, nurses or the commissioning trust.

Throughout the inspection process inspectors seek the views of the patients, to whom the nurses are supplied by the agency; and the views of other stakeholders, who are best placed to provide feedback on the performance of the agency. Inspectors 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

RQIA received mixed feedback from patients and stakeholders in relation to their level of satisfaction with the service provided by Bionical Health Limited. The agency was described by some people as being 'excellent'; whilst others described the service as being 'substandard'. Concerns related to the availability of the agency nurses, and the effectiveness of the training they provided. Refer to section 3.3.1 for further detail.

3.3 Inspection findings

3.3.1 Service model

The agency is contracted with the BHSCT, to supply nurses to an acute hospital setting, when patients are commencing on a new medicine treatment (the titration period). The agency also offers extended support to the patients when they are discharged from hospital, in the form of teaching; advice and support; and reviews which are undertaken after the first week following the titration period; and months one, three and six thereafter. The last titration period was in 2022. The Week One and Month Three reviews are undertaken face to face; the other reviews are undertaken by telephone.

Currently, the available nurses are based in England. The agency makes regular contact (welfare checks) with the patients and or their representatives and this contact generally takes place by telephone. Patients can also make contact with the agency to raise any issues they may be experiencing. When receiving a phone call from a patient or their representative, if the issue is resolved at the point of contact this would not require a face to face visit by a registered nurse. However, if a visit is required or requested, the registered nurses will determine, using their clinical judgement, their knowledge of the patient as well as reviewing the nursing capacity to determine if a virtual or face to face visit is undertaken.

Feedback received by Trust representatives however, indicated that when issues arise, 'the responsibility is frequently left to local Trust teams to resolve'. The concerns raised also indicated that the patients are not receiving the 'level of structured support and follow-up that would be expected' due to a 'reliance on virtual consultations' over 'face to face contact'.

Whilst there were sufficient nurses available to meet the needs of the service, in terms of undertaking the planned virtual and face to face reviews; the registered person should consider the aforementioned feedback, in terms of providing face to face reviews for the patients. Records should be retained to support the decision making in this regard. An area for improvement was identified.

Feedback received also indicated that the provision of virtual training to care home staff may not be effective. For example, where a patient's medicine administering (PEG) tube was dislodged, this had not been identified by the care home nurses; and the tube had become damaged by care home nurses due to over-use of clamping. It was also reported that the care home nurses were not aware of the process to follow when the tube was blocked, to ensure that the patient's medicine was administered via the correct port; and that they did not understand that a patient who was nil by mouth, could still have their medicine administered. It was also identified, as part of the inspection process, that the care home nurses' competency assessments were not completed. RQIA acknowledges that Bionical Health Limited offer twice weekly virtual training sessions which covers the pump, any potential issues with the PEG Tube and how to trouble shoot the most common issues with the prescribed medicine. Bionical Health Limited also advised that should it be required, they can provide face to face training, following which they can issue a certificate of completion and to advise of competence. RQIA acknowledges that Bionical Health Limited are not contractually obliged to complete annual competency assessments, however, the care homes should be supported by Bionical Health to enable them to complete the competency refreshers going forward. An area for improvement was identified.

3.3.2 Recruitment, Induction and Training

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the skill of the nurses meets the needs of those who are in receipt of care.

A review of the agency's recruitment records identified that pre-employment checks with regard to references had been undertaken on staff before they commenced employment. References had been received from the nurses' current/last employer, and where reference requests were not forthcoming, the records of attempts made to obtain the references were recorded. An area for improvement previously identified in this regard had been addressed. However, further review of records, , identified that employment histories were not obtained going back to school leaving age; gaps in employment were not accurately recorded or explained; and one record had no employment dates referenced.

Additionally, the recruitment policy required to be updated to ensure that it reflects the need for references to be obtained, prior to the nurses being supplied. An area for improvement was identified.

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 job in line with the agency's policies and procedures. The induction included specific training and working with another nurse for up to four months, before they were supplied on their own.

Staff compliance with training was monitored by the manager and compliance levels were satisfactory.

There was a system in place to ensure that staff received supervision and appraisals in keeping with the agency's policy.

3.3.3 Quality of Management Systems

Mrs Gemma Shiells has been the Registered Manager since 20 April 2023.

Review of a sample of records evidenced that there was a system in place for reviewing the quality of service. However, given the aforementioned areas for improvement identified in relation to the service model as outlined in Section 3.3.1, it was evident that the quality monitoring process was ineffective and required strengthening, particularly in relation to evidencing stakeholder engagement and demonstrating that appropriate actions were taken to address any issues identified. An area for improvement was identified.

The annual quality report had been completed and was noted to include feedback from stakeholders; an area for improvement previously identified had been addressed.

Agencies 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. It was established that effective 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 and was satisfactory.

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.

There was a process in place to manage any complaints; none had been received since the last care inspection.

Review of incident records identified that they were managed appropriately. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Regulations.

	Regulations	Standards
Total number of Areas for Improvement	3	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Gemma Shiells, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that where patient visits are required or requested, a record is retained to support the need for a virtual or face to face visit.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: This is a established process within Bionical Healths patient management systems and process as follows: - Initial troubleshooting completed by Bionical nurse via Service guidance document - If the issue cannot be resolved, a face-to-face visit is arranged. - Any patient contact, including all interactions are documented in Patient management system and further communicated with the patients clinician This is a standard established process within Bionical Health for this service.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that face to face training is offered to care home staff; and care homes should be supported to develop a system, to ensure that yearly competency refreshers can be completed.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Under an agreed Service Level Agreement between Bionical Health and the referring clinician, Bionical Health acts as an extension of the Hospital/Clinician. Responsibility for training patients, carers, and Clinicians involved in patient care remains with the Hospital/clinicians.</p>

	<ul style="list-style-type: none"> - Any training requests or competency renewal requirements must therefore be requested by the Hospital/clinician. - Bionical to formalise process with Pharma (Pharmaceutical) company that to agree and sign off any additional training, sign off competency and annual review. <p>Next steps formalise the following:</p> <p>Weekly training sessions (virtual)</p> <ul style="list-style-type: none"> - The training content for these sessions to be agreed with Pharma Company - Attendance certificate to be approved by Pharma company <p>Adhoc training (Face to face)</p> <ul style="list-style-type: none"> - The training content for these sessions to be agreed with Pharma Company - Attendance certificate to be approved by Pharma Company <p>Competency renewal requirements (Must requested by the Hospital/Clinician) - It is not within the contractual scope of service for the Bionical Nurses to complete yearly competence refreshers for Clinicians</p> <ul style="list-style-type: none"> - Training content for these sessions to be agreed by Pharma Company - Attendance certificate to be approved by Pharma Company <p>Additional support already in place as part of Service Level Agreement</p> <ul style="list-style-type: none"> - Clinician, CareHome&Patient - helpline which is available for support from 07:00-20:00 Monday- Sunday - Care home - helpline number (this is for Clinician and patients manned by Bionical Nurses) and are advised to call if they are unsure or need support on anything. -Communicate Bionical Health remit once all agreed to patient,Clinians and CareHome
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1)(d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the recruitment process is further developed to ensure that employment histories are obtained going back to school leaving age; gaps in employment should be accurately recorded/explained; employment start and end dates should be recorded consistently; the recruitment policy should also be updated in relation to the aforementioned matters and it should also reflect that references should be obtained, prior to the nurses being supplied.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Completed - Employment history for current employees and recruitment Standard Operating Procedure updated supplied to Inspector 17th February - QIP completed.</p>

Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
<p>Area for improvement 1</p> <p>Ref: Standard 1.12</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the monthly quality monitoring process is reviewed to ensure that the views of all stakeholders are ascertained and where any issues are identified, these should be specified within the reports, along with a record of the action taken; and in relation to the nature of the training provided to care home staff.</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken: Completed - Monthly reports updated to reflect - QIP completed.</p>

Please ensure this document is completed in full and returned via the Web Portal



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