The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Red Group Personnel Limited

Provider: Red Group Personnel Limited

Date of Inspection: 23 April 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:	Red Group Personnel Limited
Responsible Individual/Responsible Person:	Mr Nicholas Paul Poturicich
Registered Manager:	Ms Frances Ndoinje
Service Profile: This is a nursing agency which operates from offices located in England. The agency currently supplies nurses to a number of Health and Social Care Trusts within Northern Ireland.	

2.0 Inspection summary

An unannounced inspection took place on 23 April 2026, between 10.10 am and 5.30 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 area for improvement identified, by RQIA, during the last care inspection on 9 August 2024; and to determine if the is delivering safe, effective and compassionate care and if the service is well led.

As a result of this inspection, the previously identified area for improvement relating to recruitment has been restated. Additionally, improvements are required to ensure the effectiveness and oversight of certain aspects of the agency, such as records relating to staff induction. Full details, including the new area for improvement identified, can be found in the main body of this report and in the Quality Improvement Plan (QIP) in Section 4.

The inspection established that the nurses provided safe, effective and compassionate care. Service users commented positively about the nurses supplied by the agency.

For the purpose of this inspection report, the term 'service user' refers to the hospitals to which the agency's nurses are supplied to work in.

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.

In preparation for this inspection, a range of information about the service was reviewed to help plan the inspection. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, staff or commissioning Trusts.

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

Service users spoke positively about Red Group Personnel Limited. Comments included: "We have good communication with the agency and have no concerns regarding any of the nurses supplied to us. The agency is among the best, and we use a lot of their nurses. I have nothing negative to say about them, and we are very satisfied with the agency. Any concerns or incidents are managed effectively. It is an excellent agency."

Staff comments included: "It is one of the best agencies I have worked for. I feel respected and listened to. If I have any concerns, they support me with them. The training is good, and I receive a three-month reminder of when my training is due to expire. If I do not have up-to-date training, I cannot work shifts. They encourage you to complete additional training, which is beneficial. Communication with the service is excellent, and it is well managed. The manager is always available and is a good manager."

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.

A review of the agency's staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were completed and verified before nurses were supplied to various hospital settings. However, it was noted in two of the recruitment records reviewed that gaps in employment had not been explored. An area for improvement has been identified for the second time.

The nurses were interviewed prior to employment, and their clinical experience and skills were assessed as part of the recruitment process to ensure they are placed in settings that match their areas of expertise. It was advised that more detailed recording of interview responses would better inform management regarding the nurses' capabilities.

The manager advised that staff complete an agency orientation and induction, including a placement induction. The staff induction records were unavailable for review on the day of inspection. An area for improvement has been identified.

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 nurses completed both electronic and practical training appropriate to the requirements of the settings in which they were placed. The manager advised that medication competency assessment tests were also conducted for all staff to ensure they were competent in their roles and responsibilities. It is positive to note that the training provided also included Haemovigilance. Compliance with mandatory training requirements is overseen by the manager.

The records reviewed also evidenced that newly recruited nurses were provided with a staff handbook.

Procedures were in place for appraising the nurses' performance and supervisions were undertaken in keeping with the agency's policy and procedures.

3.3.2 Quality of Management Systems

There has been a change in the management of the agency since the last inspection. Ms Frances Ndoinje has been the acting manager in this agency since 1 November 2025. Those consulted with commented positively about the manager and described her as a 'good manager'.

Monitoring arrangements were in place in compliance with regulations and standards. The reports included details of a review of accidents/incidents, safeguarding matters, staff recruitment and training, and staffing arrangements.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was positive to note that these were reviewed as part of the monthly quality monitoring process.

There was a system in place to ensure that complaints were managed in accordance with the agency's policies and procedures. Where complaints were received since the last inspection, these were appropriately managed and were also reviewed as part of the agency's quality monitoring process.

Agencies are required to appoint a person known as the Adult Safeguarding Champion (ASC), who is responsible for implementing the regional protocol and the agency's adult safeguarding

policy. It is positive to note that an individual has been designated for this role, and a date has been set to complete the ASC training.

The content of the Adult Safeguarding policy and training was reviewed and was noted to reflect the regional guidance in Northern Ireland.

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

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

	Regulations	Standards
Total number of Areas for Improvement	1*	1

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Frances Ndoinje, Manager, and Ben Neale, Director, 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 and the	
Area for improvement 1 **Ref:** Regulation 12 (2) Schedule 2 **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the nurses' employment history includes the reason for leaving any previous employment. Ref: 3.3.1
	Response by registered person detailing the actions taken: We have taken action to implement a new prominent step in our compliance clearance process. Upon review of the compliance packs there are now 3 stages of checks/approval for the nurses' employment history. The first stage is the compliance officer responsible for obtaining the candidates documentation. The compliance officer must carefully ensure on the candidates CV that the employment history dates back to education, and that there are no gaps in any of the dates. If there is a gap, there must be a reason with dates matching up perfectly. They also must check that the dates match references obtained, and that there is a detailed reason for all previous employments ending. Once these checks are done, the Compliance Manager then reviews exactly the same. Once the compliance manager has completed the same checks, the process goes through to the Registered Manager, Frances Ndoinje, who completes the final checks to ensure the nurses' employment history fully matches up and all dates are correct, including detailed reasons for

	leaving any previous employment or for employment gaps. The candidate is not permitted/cleared to work until all 3 staged checks on the employment history are completed. This is all documented on our compliance matrix and all company employees have been updated and are following this process amendment.

Action required to ensure compliance with Nursing Agencies Minimum Standards	
Area for improvement 1 **Ref:** Standard 6.1 **Stated:** First time	The Registered Person shall ensure that newly appointed staff complete a structured orientation and induction, with records maintained for review during inspection. Ref: 3.3.1
To be completed by: Immediate from the date of the inspection	**Response by registered person detailing the actions taken:** Structured orientations and inductions have always been part of our compliance process, so our amendment in process has been to ensure that they are always updated and accessible on our cleared candidate matrix and in real time. No candidate can be cleared through compliance and allowed on site until an induction has been completed, checked and signed off by the dedicated compliance officer, compliance manager, and registered nurse manager. We have implemented a rule in the process to ensure that the induction must be attached on the matrix upon clearance of each candidate, no exceptions. There is also a 3-stage check with this to ensure attachment of the induction on the matrix.

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