

# Inspection Report

**Name of Service:** Xpress Health

**Provider:** Ametrine Care Services Ltd

**Date of Inspection:** 30 March 2026

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

## 1.0 Service information

|                                                                                                                                                                                                                                     |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>Organisation/Registered Provider:</b>                                                                                                                                                                                            | Ametrine Care Services Ltd |
| <b>Responsible Individual/Responsible Person:</b>                                                                                                                                                                                   | Mr. Ian Morgan             |
| <b>Registered Manager:</b>                                                                                                                                                                                                          | Mr. Victor Cornel          |
| <b>Service Profile –</b><br><br>Xpress Health is registered with RQIA as a Nursing Agency and currently supplies registered nurses to care homes throughout Northern Ireland. The agency operates from an office located in Lambeg. |                            |

## 2.0 Inspection summary

An announced inspection took place on 30 March 2026, between 10.30 am and 3.10 pm. It was carried out 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 on 16 August 2024; 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 various settings they were supplied to work in; and that it is well led. As a result of this inspection both areas for improvement previously identified were assessed as having been addressed by the provider. Full details, including a 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.

## 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 areas for improvement issued, registration information, and any other written or verbal information received from service users or staff.

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**

No responses were received from nurses or service users to the electronic survey.

### **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 staff training and continued support and supervision.

A review of the agency's staff recruitment records confirmed that pre-employment checks including criminal record checks (AccessNI), were completed and verified before registered nurses were supplied to the various health care settings.

A review of the records confirmed that all registered nurses were appropriately registered with the 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.

Review of training records evidenced that all training had been completed and was up to date.

It was good to note that registered nurses had supervisions undertaken in accordance with the agency's policies and procedures.

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 were provided with training appropriate to the requirements of the settings in which they were placed. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding and Dysphagia, as appropriate to their job roles.

Review of records confirmed that the agency sought feedback on the nurses' practice on a regular basis.

#### **3.3.2 Quality of Management Systems**

There has been a change in the management of the agency since the last inspection. Mr Victor Cornel has been the registered manager since 8 December 2025.

There were quality monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's monthly quality monitoring system

established that there was no engagement with service users and staff, no review of nurse recruitment or training and no time bound action plans were developed for any deficits identified. RQIA was not assured that these reports were being completed in a sufficiently detailed manner so as to drive and embed improvement into practice. An area for improvement has been identified in this regard.

Appropriate processes were in place to manage complaints and incidents.

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 adult safeguarding policy. The responsible individual 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.

The alphabetical list of staff employed by the agency was up to date.

Records were retained in accordance with the Nursing Agencies Regulations.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice and the quality of services.

#### 4.0 Quality Improvement Plan/Areas for Improvement

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

|                                              | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 0           | 1         |

Areas for improvement and details of the Quality Improvement Plan were discussed with the Registered Individual and 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 Minimum Standards, 2008

#### Area for improvement 1

**Ref:** Standard 1.12

**Stated:** First time

**To be completed by:**  
Immediate and ongoing  
from date of inspection

The Registered Person shall ensure that the monthly monitoring reports summarise service users comments any actions taken to ensure that the agency is managed in accordance with minimum standards. These reports should also include a review of staff recruitment and training.

Ref: e.g. 6.4 (include number only)

#### **Response by registered person detailing the actions taken:**

Following the recent inspection, please see the monthly monitoring report template that has been implemented to address the identified areas of improvement, in line with the recommended standards.

#### Monthly Report - April 2026

#### 1. Nursing Workforce Overview

##### Workforce Summary

- Total Nurses Registered: \_\_\_\_\_
- Active Nurses: \_\_\_\_\_
- Newly Recruited Nurses This Month: \_\_\_\_\_
- Nurses Cleared for Work: \_\_\_\_\_
- Nurses Currently in Recruitment/Compliance Stage: \_\_\_\_\_

##### Client Activity

- Number of Active Clients: \_\_\_\_\_
- Total Nursing Shifts Completed This Month: \_\_\_\_\_
- Average Shift Fill Rate: \_\_\_\_\_ %

Nurses continued to be deployed across Nursing Homes, Adult Care Services, Registered Charities and Healthcare Facilities throughout Northern Ireland in accordance with client requirements and competency matching.

#### 2. Recruitment & Compliance

##### Ongoing Recruitment

During this reporting period, recruitment activity remained ongoing with a focus on qualified nursing staff.

- Total Nurse Interviews Conducted: \_\_\_\_\_
- Successful Nurse Interviews: \_\_\_\_\_
- Nurses Progressed to Compliance Stage: \_\_\_\_\_
- Nurses Fully Cleared and Checked Out: \_\_\_\_\_

All recruited nurses underwent the required recruitment and compliance procedures prior to activation.

### Compliance Checks Completed

The following checks were completed and verified for all cleared nurses:

- Right to Work Checks
- Proof of Identity Verification
- Professional References
- Access NI Checks
- Employment History Review
- Mandatory Training Compliance
- NMC Registration Verification

All documentation has been securely stored on the company application system and compliance logs.

### 3. Training & Development

#### Mandatory Training Compliance

All nursing staff are required to complete mandatory and role-specific training before deployment.

Training records are securely stored electronically within the company application and internal compliance systems.

#### Training Validity Checks

The Registered Manager Victor have reviewed and verified the validity of all mandatory nursing training certifications during this reporting period.

Expiring trainings

Training Renewals

Nurse Name

Training Renewed

Date Renewed

#### Mandatory Training Areas Include:

- Manual Handling
- Basic Life Support (BLS)
- Safeguarding Adults
- Infection Prevention & Control
- Fire Safety
- Medication Awareness
- GDPR & Confidentiality
- Health & Safety

Any expired or near-expiry training was identified and renewed promptly to maintain compliance standards.

### 4. NMC Registration Checks

All NMC registration checks for active nursing staff were completed by Victor Cornel.

Checks included:

- Registration Status Verification
- PIN Validation
- Practice Restrictions Review

- Expiry Monitoring

No concerns were identified during this reporting period unless otherwise stated below:

## 5. Ongoing Governance & Quality Assurance

### Governance Oversight

Ongoing governance monitoring remains in place to ensure safe and effective service delivery.

Areas monitored include:

- Nurse compliance status
- Training validity
- Shift performance
- Incident reporting
- Clinical feedback
- Documentation standards
- Professional conduct
- Client satisfaction

### Supervisions

Regular nurse supervisions were conducted during this reporting period to support professional development, performance monitoring, and clinical governance.

- Number of Supervisions Completed: \_\_\_\_\_

### Appraisals & Interviews

Nursing appraisals and ongoing competency discussions continue to be carried out as part of workforce governance procedures.

- Number of Appraisals Conducted: \_\_\_\_\_
- Number of Follow-Up Interviews/Reviews Conducted: \_\_\_\_\_

## 6. Nurse & Client Feedback

### Nurse Feedback

### Client Feedback

Any concerns raised were addressed promptly through governance procedures and follow-up actions.

## 7. Complaints & Incidents

### Complaints

- Number of Complaints Received: \_\_\_\_\_
- Number of Complaints Closed: \_\_\_\_\_
- Number of Open Complaints: \_\_\_\_\_

Details/Actions Taken:

### Incidents

All incidents reported during this period were reviewed and managed in accordance with company policy and safeguarding procedures.

## 8. Safeguarding

There are currently:

- Open Safeguarding Concerns: \_\_\_\_\_
- Closed Safeguarding Concerns: \_\_\_\_\_

All safeguarding matters are escalated, documented, investigated, and managed in accordance with safeguarding policy and RQIA requirements.

## 9. Operational Performance & Monitoring

Shift Performance

- Total Nursing Shifts Requested: \_\_\_\_\_
- Total Nursing Shifts Filled: \_\_\_\_\_
- Unfilled Nursing Shifts: \_\_\_\_\_
- Last Minute Cancellations: \_\_\_\_\_

Clinical Monitoring

Spot checks and ongoing monitoring of nursing staff performance continue through:

- Client communication
- Staff engagement
- Compliance reviews
- Shift monitoring
- Governance meetings

## 10. Summary

Xpress Health NI continues to maintain ongoing nursing recruitment, governance oversight, compliance monitoring, and training management to ensure safe and effective staffing solutions across all healthcare settings. All nursing staff supplied during this reporting period were subject to recruitment screening, compliance checks, governance monitoring, and mandatory training requirements in line with RQIA standards.

Sign Off

Registered Manager Victor Cornel

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Safeguarding Champion Ian Morgan

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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



The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

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