

Inspection Report

Name of Service: Vivid Healthcare

Provider: Vivid Healthcare Search Limited

Date of Inspection: 19 March 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:	Vivid Healthcare Search Limited
Responsible Individual/Responsible Person:	Mr. Jacob Jayson
Registered Manager:	Mrs. Miriam Cummings, Acting
Service Profile: Vivid Healthcare is a nursing agency which operates from offices located in London. The agency supplies registered nurses to NHS hospitals in Northern Ireland.	

2.0 Inspection summary

An announced inspection took place on 19 March 2026, between 10.55 am and 3 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 inspection on 11 July 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

Enforcement action resulted from the findings of this inspection. The inspection identified serious concerns in relation to the lack of robust governance arrangements and managerial oversight of the agency. This was evidenced by deficits identified in relation to staff recruitment; staff supervision; the procedure for the reporting of incidents and accidents; the oversight and management of safeguarding matters, and the agency's quality monitoring processes. In addition, improvements required in the agency's Statement of Purpose and Service User Guide identified during an inspection on 5 March 2024 and for a second time on 11 July 2024 had not been achieved.

RQIA met with the Responsible Individual and a senior representative of the agency on 10 April 2026 with the intention to serve two Failure to Comply Notices (FTC) in respect of breaches of The Nursing Agencies Regulations (Northern Ireland) 2005, namely:

- Regulation 10 (1) relating to management and governance arrangements
- Regulation 20 (1) (3) relating to the quality monitoring processes.

At the meeting, RQIA were provided with limited assurances in relation to the concerns identified. However, RQIA were not assured that robust systems and processes were fully embedded into practice to deliver the necessary improvements in respect of identified deficits.

Therefore, RQIA determined it was both proportionate and necessary to serve one FTC notice: Regulation 10 (1) relating to management and governance arrangements.

Reference: FTC000255. The date for compliance is 14 June 2026, following which RQIA will undertake an inspection to assess compliance with the actions outlined in the FTC notice.

Review of the actions taken by the agency to comply with the previous Quality Improvement Plan (QIP), issued following the care inspection on 11 July 2024, evidenced that two areas for improvement in relation to the agency's Statement of Purpose (SOP) and Service User Guide (SUG), and quality monitoring processes were not met. These areas for improvement were subsumed into the actions stated within the FTC notice issued.

Details of our enforcement procedures and the notices issued can be found on the RQIA web site www.rqia.org.uk

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 patients, 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 and their quality of life

Information provided by a service user indicated that they had no concerns regarding the standard of nurses provided by the agency. There were no responses to the electronic survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to induction, regular training and continued supervision and support.

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before registered nurses were supplied to the various hospital settings. However, it was noted that none of the sample recruitment records reviewed included a full employment history or a written explanation for gaps in employment; this poses a safeguarding risk.

Whilst it was positive to note that supervisions had been undertaken with the registered nurses in response to any issues being raised about their practice, the review of supervision records identified significant gaps in relation to the completion of planned supervisions. This meant that supervisions had not been undertaken in accordance with the agency's policies and procedures.

These concerns were discussed at the meeting with RQIA on 10 April 2026 and actions included within the FTC notice issued: Ref FTC000255 to address the deficits in staff selection and recruitment processes, and to improve staff access to supervision in line with the agency's policy and best practice guidance, thereby driving improvements in staff support arrangements. The date by which compliance with the actions outlined in this notice must be achieved is 14 June 2026.

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 agency; this system was reviewed and found to be in compliance with Regulations and Standards. Records had been retained of any referrals the agency made to the NMC.

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), Dysphagia and Fire Safety.

3.3.2 Quality of Management and Governance Arrangements

There has been a change in the management of the agency since the last inspection. Mrs. Miriam Cummings has been acting manager since 9 October 2025. Throughout the course of the inspection, there was limited evidence that the manager maintains a meaningful presence within the agency. During the meeting on 10 April 2026, the Responsible Individual discussed the ongoing management arrangements for Vivid Healthcare and an action in this regard was included within FTC notice FTC000255.

The manager has submitted an application to RQIA for registration as manager; which will be reviewed in due course.

The management of accidents and incidents was reviewed. This evidenced deficits in the agency's policy, lack of communication of the reporting procedure to staff and no record in place of any incidents. This increases the risk that incidents are not appropriately identified, reported, or investigated, which limits learning from incidents and increases the risk of unmanaged or repeated harm to service users.

The agency's management and oversight of safeguarding matters was reviewed. There was no Annual Safeguarding Report in place for 2025. The manager had not received any Northern Ireland specific safeguarding training. During the course of the inspection process, it became evident that an incident had not been appropriately identified and managed by the agency as a potential safeguarding incident.

Whilst, there were monthly quality monitoring arrangements in place, a review of these reports evidenced that staff training had not been audited or the quality improvement plan issued after the last inspection had not been reviewed. Details of staff and service users' feedback were not recorded and there was no review of any trends in relation to complaints received by the agency. It was further noted that action plans contained in the reports as a result of any identified deficits were not measurable or time bound. In addition, the reports had not been shared with the manager.

RQIA was not assured that the reports were completed in sufficient detail, to drive and embed improvement into practice, this issue was previously identified as an area for improvement at the last care inspection.

These concerns were discussed at the meeting with RQIA on 10 April 2026 and specific actions included within the FTC notice issued: Ref FTC000255 to support the agency to develop, embed and sustain robust operational leadership. This included actions to improve the reporting and management of accidents and incidents, ensuring they are appropriately recorded and subject to regular trend analysis to quality assure service delivery and drive necessary improvements.

The FTC notice also required assurance that all safeguarding concerns are identified and managed in line with regional adult safeguarding policies and procedures, and that the manager undertakes Adult Safeguarding training specific to Northern Ireland and of a level commensurate to their role.

In addition, previous areas for improvement with regards to quality monthly monitoring and the SOP and SUG were subsumed into the FTC notice. The notice set out requirements for monthly quality monitoring reports to be sufficiently robust to identify, drive and sustain improvement, with meaningful oversight by the responsible individual and manager, and for the SOP and SUG to be reviewed to ensure compliance.

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

4.0 Quality Improvement Plan/Areas for Improvement

All breaches of Regulations and Standards identified as a result of this inspection and previous areas for improvement have been subsumed into the FTC notice issued: Ref FTC000255.



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