

Inspection Report

Name of Service: Vivid Healthcare

Provider: Vivid Healthcare Search Limited

Date of Inspection: 15 June 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 15 June 2026, between 10.15 am and 12.50 pm. It was carried out by a care Inspector.

This inspection was undertaken to assess compliance with the actions detailed within the Failure to Comply (FTC) notice (FTC Ref: FTC000255) issued on 14 April 2026 under The Nursing Agency Regulations (Northern Ireland) 2005; Regulation 10 (1) relating to the quality of managerial oversight and governance arrangements of the agency by the Responsible Individual/acting manager.

As a result of this inspection, RQIA determined that whilst some progress in relation to the actions set out in the FTC notice had been made, not all actions had been complied with. The outstanding were discussed with Director of Nursing and manager at the conclusion of the inspection and via phone call with the Director of Nursing on 23 June 2026. The Director of Nursing confirmed that they understood the actions required to address the remaining areas of concern.

Therefore, RQIA extended the compliance date of the FTC notice to 14 July 2026, to allow the provider to achieve full compliance with the regulations.

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 a range of information held by RQIA about this agency was reviewed. This included: the FTC notice issued, registration information, and any other written or verbal information received in relation to the agency.

3.2 What people told us about the service and their quality of life

Due to the specific focus of this inspection, service users were not consulted with as part of the inspection process.

3.3 Inspection findings

FTC Ref: FTC000255

Notice of failure to comply with Regulation 10.-(1) of The Nursing Agencies Regulations (Northern Ireland) 2005

Registered person – general requirements and training

Regulation 10. —

- (1) The registered provider and the registered manager shall, having regard to the size of the agency, its statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.***

The Responsible Individual shall ensure that:

1. The manager maintains a consistent, effective, and meaningful management presence within the agency, sufficient to provide appropriate oversight of all aspects of service delivery; the manager's working pattern will also be proactively monitored by the Responsible Individual (RI).
2. The hours worked by the manager are accurately recorded on the duty rota and communicated to relevant staff within the service in a timely manner.
3. A system is embedded to ensure that all staff are employed in accordance with robust selection and recruitment procedures, and best practice standards.
4. Monthly quality monitoring reports are conducted under Regulation 20, in a sufficiently robust manner so as to identify, drive and sustain improvements.
5. Monthly quality monitoring reports are reviewed and signed by the Responsible Individual and Manager in a meaningful and timely manner.
6. A copy of monthly quality monitoring reports is maintained within the agency and made available upon request to RQIA and/or other appropriate third parties in keeping with Regulation.

7. All staff receive regular, formal supervision in line with the agency's policy and best practice guidance.
8. A system is implemented and maintained which ensures that all adult safeguarding concerns are identified, recorded and managed in keeping with best practice guidance; this includes meaningful trend analysis of all adult safeguarding incidents by the manager.
9. The manager completes Adult Safeguarding Training specific to Northern Ireland and of a level commensurate to their role.
10. The agency's Statement of Purpose and Service User Guide are reviewed and updated in keeping with Regulation and best practice guidance.
11. A robust system is developed and maintained so as to ensure that all accidents and incidents are appropriately recorded, reviewed, and subject to regular trend analysis by the manager in order to quality assure service delivery and drive any necessary improvements.

Action taken by the Registered Individual:

Review of records and discussion with staff evidenced the following in relation to each of the aforementioned actions:

1. Rotas were in place that outlined the manager's working days. These could be accessed by office staff. There was evidence of regular contact with nurses and follow up on any associated matters raised. There are weekly meetings in place between the RI and manager, the minutes of which demonstrated a review of the manager's working pattern by the RI. However, during the course of the inspection, there was some lack of further evidence to fully assure RQIA that the manager maintains meaningful and effective oversight of service provision. These are outlined in the remainder of the report. This action is recorded as not met.
2. The manager's rota was in place but this solely outlined their days of work, not the hours worked each day. The manager's rota for the week of this inspection had not been communicated to nursing staff. This action is recorded as not met.
3. A sample of nurse recruitment records were reviewed. One of these records evidenced that a six month gap in a nurse's recruitment record had not been explored. This action is recorded as not met.
4. Monthly quality monitoring reports completed since the date of issue of FTC000255 were available for review. These demonstrated robust and meaningful quality assurance by the RI and manager. Action Plans were time bound, contained all issues raised in the reports and reviewed the following month. This action is recorded as met.
5. Reports were signed in a timely manner by the RI and manager. There was evidence of weekly review of the reports. This action is recorded as met.
6. Reports were retained in a shared folder in the agency's Share Point and were easily accessed during this inspection. This action is recorded as met.

7. There was evidence that staff had received recent supervision and that further dates had been planned. This action is recorded as met.
8. There was no safeguarding log in place and no evidence of any trend analysis of previous safeguarding referrals. This action is recorded as not met
9. The manager had completed the required safeguarding training. Their certificate of completion was viewed. This action is recorded as met.
10. Both the Statement of Purpose and Service User Guide were reviewed and were fully reflective of the Regulations and Standards. This action is recorded as met.
11. Progress had been made towards improving incident management, though further work was required to fully embed this. A new procedure had been established within the agency for the reporting of incidents and accidents. However, the relevant policy had not been updated to reflect this. Whilst, an Incident Log had been created this only contained details of incidents; there was no record on this log of any follow up actions or review/analysis of the incidents by the manager. This action is recorded as not met.

4.0 Conclusion

Evidence was not available to validate full compliance with all the actions contained within the FTC Notice (Ref: FTC000255).

The outstanding issues outlined above still to be addressed were discussed with Director of Nursing and manager at the conclusion of the inspection and via phone call with the Director of Nursing on 23 June 2026. The Director of Nursing confirmed that they understood the actions required to address the remaining areas of concern.

The FTC notice has been extended to 14 July 2026.



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