

Inspection Report

Name of Service: Vivid Healthcare

Provider: Vivid Healthcare Search Limited

Date of Inspection: 16 July 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 16 July 2026, between 10.30 am and 1.15 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 and acting manager.

Eleven actions were required to ensure full compliance with the FTC notice. At the inspection on 15 June 2026, it was established that six of these actions had been completed. Therefore, sufficient evidence was not available to validate full compliance with FTC notice.

As a result of the inspection on 15 June 2026, RQIA decided to extend the compliance date of the FTC notice. FTC Ref: FTC000255E1 was issued on 18 June 2026 with compliance to be achieved by 14 July 2026.

Evidence was assessed at this inspection for compliance against the five remaining actions.

During this inspection, there was evidence that sufficient improvements had been made to address the outstanding actions stated within the notice. There was evidence that the provider had taken meaningful steps to support and sustain the necessary improvements. No new areas for improvement were identified during this inspection.

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 information held by RQIA about this agency was reviewed. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users or staff.

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

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

3.3 Inspection findings

FTC Ref: FTC000255 E1

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. The manager demonstrated effective management of all aspects of the agency's service delivery. This included oversight and discussion of nurses' working patterns, scheduled supervisions, incident management procedures, safeguarding processes and nurse recruitment. Proactive monitoring of the manager's working pattern by the Responsible Individual (RI) remains in place weekly.
2. A review of records indicated that the manager's hours of work have been added to the agency's rota. This rota is emailed to staff on a weekly basis. These emails included details of the agency's on call procedure should nursing staff need to make contact with the agency outside of normal working hours.
3. Review of a sample of selection and recruitment records provided evidence that robust selection and recruitment practices were now in place. Gaps in employment had been explored and up to date employment histories had been sourced for all nurses supplied by the agency.

4. Compliance with Point 4 was assessed as achieved during the inspection on 15 June 2026.
5. Compliance with Point 5 was assessed as achieved during the inspection on 15 June 2026.
6. Compliance with Point 6 was assessed as achieved during the inspection on 15 June 2026.
7. Compliance with Point 7 was assessed as achieved during the inspection on 15 June 2026.
8. A Safeguarding Log was in place. This offered the manager oversight and awareness of any potentially open or ongoing safeguarding referrals within the agency. This also meant that there was a mechanism to review any potential trends around adult safeguarding matters.
9. Compliance with Point 9 was assessed as achieved during the inspection on 15 June 2026.
10. Compliance with Point 10 was assessed as achieved during the inspection on 15 June 2026.
11. There was evidence that a procedure for the reporting of incidents and accidents was fully embedded within the agency. The relevant policy had been updated to reflect this procedure, and the agency's Incident Log documented all follow up actions, along with the manager's review and analysis of each incident.

Continued and embedded improvement in this agency will be monitored by RQIA through future inspection activity.

4.0 Conclusion

There was evidence to validate overall compliance with the FTC notice. Findings of the inspection were discussed with Director of Nursing and the manager, as part of the inspection process and can be found in the main body of the report.



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