

Inspection Report

Name of Service: Direct Medics Ltd

Provider: Direct Medics

Date of Inspection: 7 August 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:	Direct Medics
Responsible Individual/Responsible Person:	Mr Paul Owen Mulvenna
Registered Manager:	Mrs Jean Margaret Knapton
Service Profile – Direct Medics is a nursing agency operating from premises based in Belfast. The agency currently supplies nurses to all five Health and Social Care Trusts (HSCT) and to a number of care homes in Northern Ireland.	

2.0 Inspection summary

An announced inspection took place on 7 August 2026, from 9.30 am to 4.05 pm by a care Inspector.

The inspection was undertaken to evidence how the agency was performing in relation to the regulations and standards and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, training and adult safeguarding. The reporting and recording of accidents and incidents, complaints and staff supervisions was also reviewed.

The inspection found that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report. No areas for improvement were identified.

For the purposes of the inspection report, the term 'service user' describes the hospitals and care homes into which the agency's nurses are supplied to work.

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 registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those working for the agency and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users stated that they had no issues with the agency or their staff and response to incidents / queries was appropriate and timely. Service users also commented on the provision of knowledgeable staff an overall positive experience.

Staff told us they were happy with the agency. One staff member commented on experiencing some difficulty contacting the agency out of hours when trying to avail of shifts.

No responses were received from nurses to the electronic staff 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 training and continued supervision and support.

Review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before nurses were supplied.

The nurses were interviewed prior to employment, following which, they completed an induction. The nurses' clinical experience and skills were ascertained as part of the recruitment process, to ensure that they are supplied into settings, which matched their area of expertise.

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.

The nurses had completed training appropriate to the requirements of the settings in which they were placed. Compliance with mandatory training requirements was overseen by the manager. The electronic records management system ensured that nurses were not permitted to take shifts if any of their mandatory training courses had not been completed and to ensure staff did not exceed a maximum number of hours worked.

Information provided to the service users on the nurses being supplied was available on the Florence App. When any training was updated, the dates of same were updated live to the App; this ensured that the care homes would always have the most up to date information on the nurses. This online platform provided an opportunity for care home managers to provide feedback in relation to the nurse supplied by the agency.

3.3.2 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Jean Margaret Knapton has been the manager in this agency since 9 May 2016.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

Review of a sample of records evidenced that a system for reviewing the quality of care and staff practices was in place; this included monthly quality monitoring reports and an annual quality report. The agency was advised the monthly monitoring reports could be improved by including more detail in the associated action plans.

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. Incidents were managed appropriately and were reviewed on a regular basis. The agency may wish to consider developing an electronic dashboard system to support the manager's oversight and tracking of both complaints/concerns and incidents.

It was good to note the manager liaised with the NMC in relation to any concerns arising around the nurses' practice. Records had been retained of any referrals the agency made to the NMC.

Registered nurses had supervisions undertaken in accordance with the agency's policies and procedures. However, the manager discussed the challenges in relation to ensuring staff received an annual appraisal. An action plan was available to assist the manager to improve compliance. Staff compliance in relation to annual appraisal will be reviewed at the next inspection.

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 manager was identified as the appointed ASC for the agency. The annual safeguarding position report had been completed.

There was evidence that the agency reviewed policies and procedures as required. The manager was advised to update the Incident/Accident and Notification Policy dated 21 October 2025 to reflect On-call arrangements. This policy will be reviewed at the next inspection.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Jean Margaret Knapton, Manager, as part of the inspection process and can be found in the main body of the report.



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