

# Inspection Report

9 February 2023



## ICare24 Limited

Type of service: Nursing Agency  
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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Service information

<b>Organisation/Registered Provider:</b> iCare24 Limited	<b>Registered Manager:</b> Mrs Janet Decourt (Acting)
<b>Responsible Individual:</b> Mr Scott Lintern	<b>Date registered:</b> Acting from 01 October 2022
<b>Person in charge at the time of inspection:</b> Mr Scott Lintern	
<b>Brief description of the agency operates:</b>  iCare 24 Limited is registered as a nursing agency. The agency currently supplies nurses to the Northern Health and Social Care Trust (NHSCT).	

## 2.0 Inspection summary

An announced inspection was undertaken on 9 February 2023 between 9.10 a.m. and 3.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing and Deprivation of Liberty Safeguards (DoLS),

Areas for improvement identified related to recruitment, supervision of nurses, safeguarding reporting, quality monitoring reports, statement of purpose and service user guides and the accuracy of staff profiles.

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

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of nursing agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from service users that the agency takes all reasonable steps to promote people's rights. People in receipt of nursing care have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience their individual choices and freedoms.

Information was provided to service users and staff on how they could provide feedback on the quality of services. This included an electronic survey.

#### **4.0 What people told us about the agency?**

During the inspection process we contacted the service users and the registered nurses. No responses were received.

There were no responses to the electronic survey.

#### **5.0 The inspection**

##### **5.1 What has this agency done to meet any areas for improvement identified at or since last inspection?**

The last care inspection of the agency was undertaken on 7 December 2021 by a care inspector. No areas for improvement were identified.

#### **5.2 Inspection findings**

##### **5.2.1 What systems are in place for staff recruitment and are they robust?**

A review of the agency's staff recruitment records confirmed that pre-employment checks criminal record checks (AccessNI), were completed and verified before registered nurses were supplied to the Trust. On review of pre-employment checking, the reasons for leaving previous employments were not explored.

In one recruitment record, the reference were not obtained from the HealthCare Trust that the candidate was reported to be working. The inspector was not assured that the reference checking was robust. An area for improvement has been identified in relation to these recruitment related findings.

##### **5.2.2 What are the arrangements to ensure robust managerial oversight and governance?**

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. The agency had not made any referrals to the NMC.

Whilst it was good to note that appraisals had been undertaken, the absence of planned supervision was identified. An area for improvement has been identified in relation to this finding.

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.

The content of the Adult Safeguarding training was reviewed and was noted to reflect the regional guidance in Northern Ireland. The annual safeguarding position report did not accurately reflect the safeguarding referrals over the reporting period. An area for improvement has been identified in relation to this finding. Following the inspection a corrected safeguarding position report was shared and reviewed by the inspector as satisfactory.

There were quality monitoring arrangements in place. A review of the reports of the agency's quality monitoring established that they did not include engagement with staff. An area for improvement has been identified in relation to this finding.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

The annual report for the agency was viewed following the inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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

Records were retained in accordance with the Nursing Agencies Regulations.

The agency's registration certificate was up to date and the agency had current certificates of public and employers' liability insurance.

The Statement of Purpose and Service User Guide required additional information to be included. An area for improvement has been identified in relation to this finding.

The profiles of the supplied nurses contained incorrect confirmation that reason for leaving previous employment had been explored. An area for improvement has been identified in relation to this finding.

We discussed the acting management arrangements which have been ongoing since 01 October 2022; RQIA will keep this matter under review.

## **6.0 Quality Improvement Plan/Areas for Improvement**

6 areas for improvement have been identified where action is required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards (2008).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4	2

The areas for improvement and details of the QIP were discussed with Mr Scott Lintern, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1)(d)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of inspection	The registered person shall ensure that no nurse is supplied by the agency unless full and satisfactory information is available.  This is specifically in relation to no reason sought for leaving previous employment and the lack of a robust check on references.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Reason for leaving has now been added to our online application form and is a required mandatory field which will not allow you to continue past this point unless "noted". Also the reference request forms also now have a field which requires the referee to complete as "reason for applicant leaving".
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of inspection	The registered person shall ensure that each employee receives appropriate supervision.  This is specifically in relation to the lack of planned supervisions for registered nurses.  Ref:5.2.2
	<b>Response by registered person detailing the actions taken:</b> A candidate supervision record has been created, and will be completed bi-annually with all active nurses by our Clinical & Governance Nurse Manager. The company will continue to

	send out surveys to gain feedback on service and support, delivered by the company.
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 20 <b>Stated:</b> First time <b>To be completed by:</b> Immediate from the date of inspection	<p>The registered person shall maintain a system for reviewing the quality of the service.</p> <p>This is specifically in relation to the absence of feedback from supplied nurses in monthly monitoring reports.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>          The feedback from the surveys and supervision records will now be included in the monthly reporting. Monthly reporting will be completed by the end of the first week of each new month to reflect the positions of the previous month.</p>
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 6 <b>Stated:</b> First time <b>To be completed by:</b> Immediate from the date of inspection	<p>The registered person shall keep under review and revise the statement of purpose and service user guide.</p> <p>This is specifically in relation to information omitted from these documents</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>          The SUG and SOP have both been reviewed and edited to include the suggestions discussed during the inspection.</p>
<b>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 9.1 <b>Stated:</b> First time <b>To be completed by:</b> Immediate from the date of inspection.	<p>The registered person shall ensure that procedures for safeguarding are in accordance with regional protocols and procedures</p> <p>This is specifically in relation to the safeguarding position report being incorrect</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>          Safeguarding discussion meetings will now be held monthly and added into the reporting to ensure accuracy against any concerns, or ongoing safeguarding issues month by month.</p>

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 3.4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of inspection	<p>The registered person shall ensure that information is accurate and up to date.</p> <p>This is specifically in relation to the staff profiles inaccurately confirming that gaps in employment had been explored.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Staff declaration and IR35 forms have been recreated to ensure that all information provided is correct against documentation and statement held on file. Additionally, all profiles will be signed off from a compliance representation to ensure all information stated is accurate.</p>

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



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