

# Inspection Report

7 December 2021



## 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>Responsible Individual:</b> Mr Scott Lintern	<b>Registered Manager:</b> Ms Heather Louise Ferguson Acting-no-application  <b>Date registered:</b> N/A
<b>Person in charge at the time of inspection:</b> Mr Scott Lintern	
<b>Brief description of the accommodation/how the service 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 remote care inspection took place on 7 December 2021 between 09.30 am and 11.05 am by a care inspector.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by the inspector in advance of the inspection. The inspection focused on discussing aspects of the submitted information, in order to substantiate the information.

The inspection also focused on staff recruitment and training and the agency's governance and management arrangements.

Progress with any areas for improvement identified during and since the last inspection were reviewed

Good practice was identified in relation to appropriate checks being undertaken before nurses were supplied to the various health care settings. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

The information provided by the service user indicated that there were no concerns in relation to the agency. It was confirmed that the agency responded appropriately where any issues were raised. A matter was raised in respect of the speed of response to complaints and the service user confirmed that there was a marked improvement since the inspection.

RQIA were assured that this agency supplies nurses who are providing safe, effective and compassionate care. Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, Quality Improvement Plan (QIP) and written and verbal communication received since the previous care inspection.

The inspection focused on contacting the service users and staff to find out their views on the agency and reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how registered nurses' registrations with the Nursing and Midwifery Council (NMC) were monitored by the agency.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 20 of Nursing Agencies Regulations (Northern Ireland) 2005.

Information was provided to staff and other stakeholders to request feedback on the quality of service provided. This included an electronic survey to enable staff and to feedback to the RQIA.

The findings of the inspection were provided to the responsible individual at the conclusion of the inspection. RQIA is assured that there are systems in place for assessing the quality of the agency.

### **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.

The inspection focused on:

- contacting the service users and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Following a review of the information submitted to RQIA, the inspection took place remotely, using video technology, with the responsible individual.

The findings of the inspection were provided to the responsible individual at the conclusion of the inspection.

### **4.0 What people told us about the service**

We communicated with the service user and two staff. No staff responded to the electronic survey.

The information provided by the service user indicated that there were no concerns in relation to the agency and that the agency responded appropriately where any issues were raised. It was stated that the agency should make a more timely response to complaints. This matter was highlighted to the agency who responded immediately to any outstanding matters.

**Service user's comments**

- "To date there are no concerns with iCare 24"
- "We are satisfied with their nurses being supplied at present"

**Staff comments**

- "Agency very responsive, call often to see how things are going"
- "Very good support from the agency and the hospital"

**5.0 The inspection****5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection of the agency was undertaken on 14 November 2019 by a care inspector. A QIP was issued. This was approved by the care inspector and will be validated during this inspection.

<b>Areas for improvement from the last inspection on 14 November 2019</b>		
<b>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 9.1  <b>Stated:</b> First time	The registered person shall ensure that the procedures for protecting vulnerable adults are in accordance with the regional policy 'Adult Safeguarding Prevention and Protection in Partnership', 2015.  <b>This adult safeguarding policy and staff handbook must be submitted to RQIA, before registration is granted.</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Inspector confirmed adult safeguarding policy and staff handbook were available, up to date and in accordance with the regional policy 'Adult Safeguarding Prevention and Protection in Partnership', 2015 at the time of inspection.	

**5.2 Inspection findings**

### 5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has not been formulated and will be reviewed at the next inspection.

Discussions with the person in charge demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff have completed adult safeguarding training.

The agency has a system for retaining a record of referrals made to the Health and Social Care Trust (HSCT) in relation to adult safeguarding. Records viewed and discussions with the responsible person indicated that no adult safeguarding referrals have been made since the last inspection.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff have completed appropriate Deprivation of Liberty Safeguarding (DoLS) training appropriate to their job roles. It was also noted that staff had undertaken dysphagia awareness training; we discussed the recent guidance regarding swallowing awareness issued to all providers.

### 5.2.2 Are their robust systems in place for staff recruitment?

Staff recruitment is completed in conjunction with the organisation's Human Resources (HR) department. The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with the NMC. Information regarding registration details and renewal dates are monitored by the agency; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was a good system in place to ensure that the nurses were placed into settings where their skills closely matched the needs of service users. Nurses were provided with training appropriate to the requirements of the hospitals in which they were placed

The manager had a robust system in place to monitor alerts issued by the Chief Nursing Officer (CNO) for Northern Ireland. This indicates that the appropriate checks are undertaken before the nurses are employed.

### 5.2.3 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance in line with Regulation 20 of Nursing Agencies Regulations (Northern Ireland) 2005. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, staff and HSCT representatives. The reports included details of the review of accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring process. A service user indicated that some complaints required more timely responses. This matter was raised by the inspector and the agency responded immediately to address this issue. This matter will be reviewed again at the next inspection.

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

The acting management arrangements were discussed. The recruitment of a permanent manager was under way. When received, RQIA will review the application for registration in this regard.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

## 6.0 Conclusion

Based on the inspection findings and discussions held, RQIA was satisfied that this agency was providing safe and effective care in a caring and compassionate manner and that the agency was well led by the management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Scott Lintern, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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