

Inspection Report

Name of Service: iCare24 Limited

Provider: iCare24 Limited

Date of Inspection: 24 March 2025

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:	iCare24 Limited
Responsible Individual:	Mr Scott Lintern
Registered Manager:	Mrs Heather Martin (Acting)
Service Profile – iCare 24 Limited is registered as a nursing agency. The agency currently supplies a nurse to a care home.	

2.0 Inspection summary

An announced inspection took place on 24 March 2025, between 9.30 am and 12.30 pm by a care Inspector. The last care inspection of the agency was undertaken on 15 May 2023 by a care inspector. No areas for improvement were identified.

This inspection was undertaken to evidence how the agency is 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.

As a result of this inspection no areas for improvement were identified.

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 or staff.

Throughout the inspection process inspectors seek the views of those working in the agency.

3.2 What people told us about the service

There were no responses to the electronic survey which was shared with the nurse and the service user.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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 staff members commenced employment and had direct engagement with service users.

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.

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.

Records of all staff training were retained and were noted to be up to date. The manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding and Dysphagia, at a level appropriate to their job roles.

All staff received regular supervision and appraisals.

3.3.2 Quality of Management Systems

There has been a change in the management of the agency since the last inspection. Mrs Martin has been the acting manager in this agency since 1 May 2024. The management arrangements were discussed during inspection. RQIA will keep these arrangements under review.

The agency was visited each month by a representative of the registered provider to consult with service users and staff and to examine all areas of the running of the agency. The reports of these visits were completed, however, advice was given in relation to ensuring that action plans and feedback were clearly detailed. This will be reviewed at future inspections.

No complaints were received since the last inspection.

The annual quality report to include stakeholder feedback is planned to be completed next month. This will be reviewed at future inspections.

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.

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 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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