The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: The Scottish Nursing Guild

Provider: Independent Clinical Services Ltd

Date of Inspection: 3 June 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:	Independent Clinical Services Ltd
Responsible Individual/Responsible Person:	Ms Sara Lilian James
Registered Manager:	Ms Kate Nicholson-Florence

Service Profile
The Scottish Nursing Guild is registered with RQIA as a Nursing Agency and currently supplies registered nurses to various healthcare settings. The agency operates from an office located in Belfast.

The Scottish Nursing Guild also acts as a Recruitment Agency and supplies Health Care Assistants (HCA) to various healthcare settings. RQIA does not regulate Recruitment Agencies.

2.0 Inspection summary

An announced inspection took place on 3 June 2025, between 9.35 am to 3.40 pm and was conducted by two care Inspectors.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 8 August 2023 and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that the nurses provided safe, effective and compassionate care in the settings they were supplied to work in and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users said that they were satisfied with the standard of nurses supplied. The nurses told us that they felt well supported by the agency. Refer to Section 3.2 for more details.

As a result of this inspection the previous area for improvement was assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

We wish to thank the manager, staff and service users for their support and cooperation during the 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 we reviewed information held by RQIA about this agency. This included the previous Quality Improvement Plan, registration information, and any other written or verbal information received from staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of service users who use the nurses supplied by the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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

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

As part of the inspection process we spoke with a number registered nurses and service users. Services users told us that the standard of the nurses provided by the agency was excellent. Nurses provided feedback, indicating they were very satisfied with the training provided by the agency and that they felt very supported in their role.

A representative from the SEHSCT said they were very satisfied with the service provided by The Scottish Nursing Guild. The representative told us "Nurses supplied are professional and there is good communication from the agency."

Staff spoke very positively in regard to the agency. One told us that "This is an excellent agency and there is an out of hours' number if you need to contact the agency after business hours." Staff indicated that they were very well supported by the manager and that the training provided was good.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to induction, regular training and continued supervision and support.

A 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.

There was a system in place for all newly recruited nurses to complete a comprehensive induction, to ensure they were competent to carry out the duties of their role in line with the agencies policies and procedures. The induction included specific training.

3.3.2 The systems in place for identifying and addressing risks

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; this system was reviewed and found to be in compliance with regulations and standards.

It was positive to note that registered nurses have supervisions planned in accordance with the agency's policies and procedures.

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. This training included Deprivation of Liberty Safeguards (DoLS), Adult Safeguarding, Dysphagia, Safety Intervention, Haemovigilance and Medical Gases as appropriate to their job roles. Nurses confirmed that they were provided with opportunities to complete training commensurate with their role and are actively encouraged by the manager to develop new skills and knowledge.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. 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 agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The annual safeguarding position report had been completed.

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.

3.3.4 The arrangements to ensure robust managerial oversight and governance

There has been no change in the management of the agency since the last inspection. Ms Kate Nicholson-Florence has been the manager in this agency since 5 December 2019.

Those consulted with commented positively about the management team and described them as supportive, approachable and able to provide guidance.

There were quality monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users and staff. There was a system in place to receive feedback on the nurses' practice.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was positive to note that these were reviewed in detail as part of the monthly quality monitoring process.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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

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 Ms Kate Nicholson-Florence, Manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews