

ICARE 24 Nurse Agency

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Type of inspection:
Unannounced

Completed on:
20 February 2025

Service provided by:
ICARE 24 Ltd

Service provider number:
SP2019013338

Service no:
CS2019376229

About the service

I CARE24 is a nursing agency operating from an office in Glasgow city centre. The provider's headquarters are based in Birmingham.

The agency supply registered nurses to service users who are providers of care services throughout Scotland. The staff working in the office are responsible for placing nursing staff in services and providing on-call services for the staff.

About the inspection

This was a virtual inspection which took place between 03 February 2024 and 20 February 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service.

In making our evaluations of the service we:

- spoke with people using the service
- spoke with staff and management
- reviewed documents.

Key messages

- Staff were recruited safely and in line with guidance
- There were effective processes in place to ensure that people were supported by nurses with the appropriate skills and experience.
- People told us that the staff are knowledgeable and consistent

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership and staffing?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service had a range of training and policies guiding staff and providing them with the knowledge to protect people's rights. There was clear guidance on the action to be taken as well as reference to the appropriate Scottish legislation. These mandatory modules were required to be completed before any shifts were undertaken and refreshed regularly.

The recruitment procedures included an assessment of previous experience and training. These details were entered into the booking system, to allow coordinating staff to effectively match nurses to the needs of the service requesting agency staff. This ensures that people were supported by nurses with the appropriate skills and experience.

There was evidence that medication management training took place and was refreshed regularly. Any adverse medication events were reviewed, with appropriate support and training needs identified addressed. One person told us "The quality of the feedback we received following a medication incidents was so pertinent that we changed our procedures as a result." This helps to keep people safe .

Communications with the agency was good. People told us "they are very responsive and approachable ," and that "They deal with things quickly." As a consequence, people felt comfortable to raise any issues with the agency and felt confident their feedback would be acted upon when required.

People were confident that nurses coming to support them were well trained and understood their roles and responsibilities. People reported that they had consistent staff who were able to provide continuity of care. They received a detailed placement checklist for staff members .As a consequence, people who were cared for by the agency nurses were respected and valued.

How good is our leadership and staffing?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff were being recruited safely. The agency followed National Safer Recruitment guidance. We sampled recruitment files and found evidence to confirm that nurses had been recruited safely. The essential and relevant checks had been done prior to the person commencing employment. There was also a system of counter checks, to ensure no staff undertook any shifts prior to all documentation being in place. These checks and ensuring all training had been completed provided very good reassurance to people supported as well as improving staff confidence.

The registered Manager had been absent and staff reported that, although they had been provided with people to contact, they would like more continuity. Staff told us "Sometimes it would be nice too speak

to someone face to face." Staff also reported that they they had been given contact details of people to speak to..

Adverse events and incidents were being tracked, with appropriate actions being taken. However, the required notifications had not been made to the Care Inspectorate and guidance was provided with regards to this.

(See Area for Improvement 1)

Systems and processes to support and develop staff were in place. Formal and informal processes were being used to support staff, through regular one-to-one meetings and appraisals. This assisted in assuring staff remained competent, skilled and supported to undertake their role.

There was a complaints process in place and clients were aware of how to raise a concern or complaint. . Due to the size of the agency, the vast majority of feedback was informal. There was evidence that complaints were managed in line with the providers policy and that issues were resolved promptly .Outcomes of complaint investigations and actions taken were fed back to clients. This demonstrates a culture of continuous improvement

There was a system in place to ensure that staff training was completed and refreshed as required. Training and development was discussed at supervisions . Staff told us" the online training is useful."

Regular staff competency checks and direct observation of practice should be considered, specifically for medication and infection prevention and control (IPC) practices. The completion of these checks would ensure everyone could be confident that staff remained well trained, appropriately skilled and working to required standards. This would support staff to deliver high-quality, safe and effective care to people they support.

Areas for improvement

1. To support the safety of people supported the service should make notifications as per the guidance and within the laid down timescales

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that" I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected" (HSCS 4.18).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To safeguard people from harm and ensure that staff are aware of their role and responsibilities the provider should complete the following,

- review vulnerable adult and child protection policies to ensure that they refer to current Scottish legislation
- review the content of vulnerable adult and child protection training to ensure that it refers to current Scottish legislation • develop clear guidance to direct agency staff how to fulfil their professional duty to report any concerns regarding suspected harm of vulnerable adults and children.

This area for improvement was made on 28 March 2024.

Action taken since then

Review of training courses demonstrated reference to Scottish legislation. Staff were provided with clear guidance both within policy and what if documentation. Staff told us they were confident in what action to take if they witnessed any potential abuse.

This area for improvement is met.

Previous area for improvement 2

The provider should ensure that the service development plan is reviewed regularly to demonstrate that improvements have positively impacted on outcomes for stakeholders.

This area for improvement was made on 28 March 2024.

Action taken since then

Review of the service development plan demonstrated completed and ongoing actions.

This area for improvement is met

Previous area for improvement 3

To support staff and promote best practice, the provider should introduce a schedule of regular supervision meetings for staff.

This area for improvement was made on 28 March 2024.

Action taken since then

Staff told us that they received regular supervision. This is monitored and flagged electronically when due. We saw evidence that supervisions had taken place.

This area for improvement is met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People's rights are promoted and respected	4 - Good
1.2 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership and staffing?	4 - Good
2.1 Safer recruitment principles, vision and values positively inform practice	5 - Very Good
2.2 Quality assurance and improvement is led well	4 - Good
2.3 Staff have the right skills and are confident and competent	4 - Good

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