The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: The Scottish Nursing Guild

Provider: Independent Clinical Services Ltd

Date of Inspection: 1 June 2026

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 Llian James
Registered Manager:	Miss 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 unannounced inspection took place on 1 June 2026, between 9.45 am and 4.15 pm by a care Inspector.

The last care inspection of the agency was undertaken on 3 June 2025 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.

The inspection found 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.

No areas for improvement were identified during this 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 registration information, and any other written or verbal information received from service users or nurses.

Throughout the inspection process inspectors seek the views of the 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.

3.2 What people told us about the service

A patient representative spoke positively about the management of the agency and the nurses supplied. Comments included: "The manager is approachable, as are all the administrative staff. The service is very well managed. I have a good rapport with the nurses and the agency. The nurses are all well-presented and introduce themselves. The nursing staff are well-trained. I would highly recommend the service; they are very professional and reassuring."

Staff commented positively about the communication and training. Comments included: "I can contact the agency if I need anything. They send me training emails regarding compliance. The training is sufficient for me to complete my role. We can request additional training if needed. PPE is provided for home visits. I am provided with a uniform and an ID badge. I have no concerns about the agency. The management team is approachable." Another staff member stated: "I have been a registered nurse with the agency for a number of years. Communication with the agency is good; I can call or email, and they always respond to me. The training provided is very good. I have not had any issues with the agency, and the management is good and very approachable."

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff 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 nurses were supplied. Advice was given to ensure that all reasons for leaving previous employment are

documented. It was positive to note that the nurses' clinical experience and skills were ascertained as part of the recruitment process; this ensured they were supplied into settings which matched their area of expertise.

The nurses were interviewed prior to employment. Following this, they completed an induction, which included the completion of an induction booklet. It was also positive to note that the nurses could not take any shifts until the induction process had been completed.

Following a review of the electronic training records, it was evident that staff had completed training appropriate to the requirements of the settings in which they were placed. It was positive to note that, in addition to the mandatory training provided, training in dementia awareness was also offered. Compliance with mandatory training requirements was overseen by the manager. Electronic management system ensured that nurses were not permitted to take shifts if any of their mandatory training courses had not been completed, which is considered good practice.

Procedures were in place for appraising the nurses' performance and supervisions were undertaken in keeping with the agency's policy and procedures.

3.3.2 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Kate Nicholson-Florence has been the manager of this agency since 5 December 2019. Staff have spoken positively about the management of the agency.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place; this included monthly quality monitoring reports and an annual quality review report. Both reports were completed in detail.

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.

A system was in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints have been received since the last inspection.

Agencies are required to appoint an Adult Safeguarding Champion (ASC), who is responsible for implementing the regional protocol and the agency's adult safeguarding policy. An individual within the agency has been appointed as the ASC. The annual safeguarding position report has been completed. was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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.

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

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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