

Interact Medical Limited Nurse Agency

Metropolitan House - Building 900 321 Avebury Boulevard Milton Keynes MK9 2GA

Telephone: 01908 357 900

Type of inspection:

Unannounced

Completed on:

27 October 2025

Service provided by:

Interact Medical Limited

Service no:

CS2018365942

Service provider number:

SP2018013103



Inspection report

About the service

Interact Medical Limited is based in Milton Keynes and is registered to supply or introduce registered nurses to all of the Scottish Health Board facilities. At the time of this virtual inspection, the agency was providing nursing personnel to hospitals in Lothian, Highland, Fife and Grampian. At the time of the inspection there were seven active nurses operating in Scotland.

About the inspection

This was an unannounced inspection which took place between 21 and 27 October 2025.

This inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered.

To inform our evaluations we:

- spoke with four staff members and the leadership team
- spoke with two customers who use the service
- reviewed documents

Key messages

- Detailed recruitment checks were undertaken which ensured staff were being recruited safely
- Staff training and policy documents needed to be reviewed to ensure they were aligned to Scottish legislation
- Quality assurance tools needed to be utilised more effectively and needed to include assurances in relation to staff competence
- The leadership team was responsive to feedback and committed to implementing positive changes
- Notifiable incidents had not been reported to the Care Inspectorate

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?	3 - Adequate

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.

Within the aims and objectives of Interact Medical Limited included their commitment to providing a safe and high-quality service. Customers using the service told us "Interact have been a very reliable agency and provide regular staff to support our services" and described the agency as "responsive".

People's human rights were promoted through training and in how the service handled complaints. Staff were encouraged and supported to reflect on incidents involving such issues which demonstrated a commitment to continuous improvement. Health and Social Care Standards (HSCS) set out the standard of care people can expect. These standards were not referred to in any documents we reviewed during the inspection. We discussed with the leadership team how the standards should be underpinning staff practice to ensure that people's care is right for them, and they agreed to apply these to all relevant documents.

There were robust adult and child protection policies in place and staff understood their responsibilities in relation to protecting people who may be deemed at risk of harm. However, we discussed with the leadership team that staff training and policies relating to adult support and protection needed to reflect Scottish legislation and best practice which they agreed to implement with immediate effect.

The service was proactive in ensuring that staff deployed were appropriately skilled and matched to the specific needs of each customer. Comprehensive staff profiles were shared in advance, allowing customers to make informed choices. Furthermore, service agreements were well-structured and tailored to reflect the expectations and responsibilities of both parties. This approach supported safe and effective care delivery.

The service sought regular feedback from the organisations they provided nurses to and maintained frequent communication with nurses and customers to ensure that they continued to deliver a quality service. Customers and staff were confident that if they had any concerns, that these would be listened to and dealt with by the service and one customer commented "any issues that have been identified have been dealt with promptly".

Where people's independence, choice or control was restricted, guidance and policies needed more detail to inform staff understanding and protect people's rights. These also needed to be aligned to Scottish law to ensure that staff were working within the parameters of relevant legislation and to ensure that restrictive practice was kept to a minimum. We discussed this with the leadership team who confirmed that they would review their guidance without delay to ensure staff had a clear understanding going forward.

Training and guidance supported staff's understanding of infection prevention and control (IPC) however quality assurance systems to monitor and audit staff practice were not being used consistently or effectively. We found significant gaps in IPC audits and confirmed with the service that they had no means of tracing nurses who had been deployed to sites where they had been exposed to infectious outbreaks. We therefore could not be assured that people being supported by the agency nurses would be protected from the spread of infection. When discussed with the leadership team, they acknowledged these gaps and confirmed that such monitoring would be implemented as a priority.

How good is our leadership and staffing?

3 - Adequate

Overall, we have evaluated this key question as adequate. We identified important strengths, which taken together, just outweighed areas of weakness.

The service had a robust screening and recruitment process in place which followed safe recruitment and best practice guidance. The recruitment of nurses and placement decisions were made by suitably qualified staff and nurses did not commence work until all relevant pre-employment checks and mandatory induction had been completed. This meant that people using the service could be confident that agency nurses supporting them had been recruited safely.

Compliance checks, including those relating to professional registration and Protecting Vulnerable Groups (PVG), were effectively managed through the agency's internal systems. Professional body registrations were monitored daily to ensure ongoing compliance, and PVG checks and references were renewed annually. Processes included timely and appropriate arrangements to support nurses' revalidations. These processes provided assurances that staff were being appropriately vetted and remained eligible to work.

The service demonstrated an active approach to staff recruitment and maintained a reserve pool of suitably qualified personnel which enabled them to respond promptly to service requests.

Although the service held regular team meetings, documentation relating to these did not always reflect actions which had been agreed or completed therefore we could not be confident that the leadership team was effectively addressing or resolving issues timeously. Some nurses we spoke with were unaware that they could attend these meetings which meant there were missed opportunities for staff engagement and involvement.

The service had systems in place such as service reviews, external compliance audits, internal self-evaluation processes, and used case studies and lessons learned to help identify areas of strength and areas for improvement. However, these processes required further development and needed to include clearer evidence of overall management oversight that reflected assurances regarding staff practice and competence.

Incidents and accidents which were notifiable had not been reported to the Care Inspectorate and these included incidents of an adult support and protection nature (please see Requirement 1).

The Improvement Plan was primarily used as a management tool and needed to incorporate lessons learned and be underpinned by the Health and Social Care Standards. Feedback from those using the service and staff should be used to identify potential development areas which then shape the direction of the service to ensure people's positive experiences and outcomes.

The service maintained comprehensive systems for recording staff skills and qualifications. Staff had access to a broad range of training opportunities and reported positive experiences regarding their learning and development. However, to ensure staff were operating in full compliance with Scottish legislation, training content and guidance materials needed to be reviewed and updated to reflect relevant legal frameworks.

Inspection report

Although annual appraisals were completed for all staff, nurses did not receive regular or ongoing supervision. Some staff members we spoke with felt they lacked the necessary skills and clarity regarding their role expectations. The leadership team acknowledged this and committed to reviewing and strengthening support processes to ensure all staff were skilled, confident and competent in their roles.

Requirements

- 1. By 05 February 2026, the provider must improve the management of incidents and accidents, to ensure that people experience safe and responsive care and support. In order to do this, the provider must:
- a) Ensure that when a reportable incident or accident occurs that the necessary agencies and Care Inspectorate are notified in a timely manner

This is to comply with Regulation 4 (1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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).

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?	3 - Adequate
2.1 Safer recruitment principles, vision and values positively inform practice	5 - Very Good
2.2 Quality assurance and improvement is led well	3 - Adequate
2.3 Staff have the right skills and are confident and competent	4 - Good

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