



Department of
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and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

Nursing Agencies

Minimum Standards

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Introduction

This document sets out minimum standards for Nursing Agencies providing services to both adults and children in all spectrums of health care delivery including Mental Health and Learning Disability. The standards specify the arrangements, and procedures that need to be in place and implemented to ensure the delivery of a quality service.

Background

In 2001, the Department of Health, Social Services and Public Safety (DHSSPS) issued a consultation paper, entitled “Best Practice – Best Care”, setting out proposals for improving the quality of health and social care in Northern Ireland. The results of this consultation showed widespread support for a new system of regulation covering a wider range of care services. This in turn led to the development of The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, (“the Order”).

The Order allows for the establishment of the Northern Ireland Health and Personal Social Services Regulation and Improvement Authority (the Regulation and Quality Improvement Authority), an independent body with responsibility for, and powers to, regulate establishments and agencies in the statutory and independent sectors. Responsibility for all services previously regulated by the Registration and Inspection Units of the Health and Social Services Boards is transferred to the Regulation and Quality Improvement Authority.

Nursing agencies

The Order defines a nursing agency as “an employment agency or employment business, being (in either case) a business which consists of or includes supplying, or providing services for the purpose of supplying, registered nurses, registered midwives or registered health visitors.” Such services are required to register as nursing agencies under the Order.

Development of standards

Article 38 of the Order confers powers on the DHSSPS to prepare, publish and review statements of minimum standards applicable to all services including regulated services.

DHSSPS has developed minimum standards for a range of regulated services including nursing agencies. These standards were developed with the help of people who use the services, their representatives or carers, staff, professionals, inspectors, commissioners and providers. The standards were also subject to a full public consultation process between September and December 2004.

Standards for nursing agencies

This document sets out standards for nursing agencies that apply to the:-

- the supply of nurses to settings such as hospitals, community Trusts and registered establishments
- the supply of nurses to private patients in their own homes.

How the standards and regulations work together

Article 38 of the Order gives powers to the DHSSPS to publish minimum standards that the Regulation and Quality Improvement Authority must take into account in the regulation of establishments and agencies.

The regulations for nursing agencies were published by DHSSPS in accordance with Article 23 of the 'Order', which sets out the range of areas for which regulations may make provision. These include the management, staff, premises, financial position and conduct of health and social care establishments and agencies.

Compliance with the regulations is mandatory and non-compliance with some specific regulations is considered an offence. The Regulation and Quality Improvement Authority must take into account the extent to which the minimum standards have been met in determining whether or not a service maintains registration or has its registration cancelled, or whether to take action for breach of regulations.

The regulations and minimum standards have been prepared in response to extensive consultation. **They are the minimum provisions below which no provider is expected to operate.**

Using the standards

The regulations and minimum standards for nursing agencies focus on ensuring that people using the services provided by nursing agencies are protected and the care is quality-assured.

The standard statements and associated criteria cover key areas of service provision, are applicable across various settings, and are designed to be measurable through self-assessment and survey processes.

The Regulation and Quality Improvement Authority will look for evidence that the standards are being met through: -

- discussions with people who are using the services provided by the nursing agency, staff, managers and others
- inspection of written policies, procedures and records.

Values underpinning the standards

The standards are based on a set of values that recognise the rights that people have as citizens and all aspects of planning, delivery and review of services must reflect these values.

Managers and staff must base their practice on these values, recognising peoples rights and aim to provide quality services that meet individual's needs.

When the nursing agency supplies nurses to provide care for private patients in their own homes, those patients should experience quality care and support from the nursing agency and should be fully informed and involved in all decisions affecting the care provided, and contribute to the planning and evaluation of services.

Dignity and respect

The uniqueness and intrinsic value of the individual patient is acknowledged and each person is treated with respect.

Independence

Patients have as much control as possible over the care provided by the nursing agency whilst being protected against unreasonable risks.

Rights

Patients' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

Equality and diversity

Patients are treated equally and their background and culture are valued. The services provided by the agency fit within a framework of equal opportunities and anti-discriminatory practice.

Choice

Patients are offered the opportunity to select independently from a range of options based on clear and accurate information.

Consent

Patients have a legal right to determine what happens to them and their informed, genuine and valid consent to the treatment and care provided is essential.

Confidentiality

Patients know that information about them is managed appropriately and will not be disclosed without permission, except when required by legislation or the need to protect the wellbeing of others. Everyone involved in the nursing agency respects confidential matters.

Safety

Patients feel safe in all aspects of their treatment and care, and are free from exploitation, neglect and abuse.

The belief that people in receipt of services are **central** in all aspects of planning, delivery, review and improvements of the service is a conviction that underpins these standards.

When these values are integrated into all aspects of planning, delivery and review of services and the minimum standards are being met, the nursing agency will be a resource that delivers the best possible outcomes for people who use their services.

Regulation of nurses

All nurses who are supplied by the nursing agency must be registered with the Nursing and Midwifery Council (NMC), the UK regulatory body that is responsible for education, practice and conduct of nurses and midwives. The NMC requires all nurses to carry out their duties in accordance with the current NMC guidance on Standards for conduct, performance and ethics.

The guidance is kept under review, and shares its values with all UK health care regulatory bodies such as the General Medical Council and the Health Professions Council. These values are:

- **Respect for the individual**
- **Obtaining consent**
- **Protecting confidential information**
- **Co-operating with others**
- **Maintaining professional knowledge and competence**
- **Being trustworthy**
- **Acting to identify and minimise risk**

SECTION 1

MINIMUM STANDARDS

Management of the nursing agency

Managers of establishments and settings in which agency nurses are placed and private patients in their own homes expect agency nurses to provide safe nursing care. To this end, the underpinning values in these standards are that agency nurses are suitably recruited and assessed by experienced nurses and that skills and expertise of agency nurses are matched to the requirements of placements prior to that placement. To facilitate the placement of competent nurses in establishments, care settings and patients' own homes, there must be effective management systems and processes in place that take account of the views and comments of people who use services provided by the nursing agency, and demonstrate a total commitment to continuous quality improvement.

Management and control of operations

Standard 1: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Criteria

- 1.1 There is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of activity.
- 1.2 The registered manager ensures the nursing agency delivers services effectively with good professional relationships on a day-to-day basis in accordance with legislative requirements, DHSSPS Minimum Standards, and other standards set by professional regulatory bodies and standard setting organisations. Issues arising are reported to the registered person.
- 1.3 The registered manager provides the Regulation and Quality Improvement Authority with documentary evidence of his or her NMC registration either annually or on request.
- 1.4 The registered person ensures that a registered nurse is responsible for the recruitment, assessment and supply or placement of all agency nurses.
- 1.5 Any absence of the registered manager of more than 28 days is notified to the Regulation and Quality Improvement Authority, and arrangements for managing the nursing agency in the absence of the registered manager are approved by the Regulation and Quality Improvement Authority.
- 1.6 The registered person and the registered manager undertake training to ensure they are up-to date in all areas relevant to the management and provision of services.
- 1.7 Services are delivered in accordance with the statement of purpose as approved by the Regulation and Quality Improvement Authority at the time of registration.
- 1.8 The statement of purpose is kept under review.

- 1.9 Any change to: -
- The statement of purpose
 - The person registered on behalf of the organisation

or any change in: -

- The registered manager, or
- The registered premises

is only made with the approval of the Regulation and Quality Improvement Authority.

- 1.10 The service user's guide is kept under review, revised when necessary and up dated versions are provided to the Regulation and Quality Improvement Authority.
- 1.11 Management practices and arrangements for the supply of nurses are systematically audited to ensure they are consistent with documented policies and procedures and action is taken when necessary.
- 1.12 The registered person monitors the quality of services in accordance with the nursing agency's written procedures and completes a monitoring report on a monthly basis. This report summarises the comments of people who use the services and/or their representatives about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the nursing agency is being managed in accordance with minimum standards.
- 1.13 The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.
- 1.14 All accidents, incidents, communicable diseases and deaths occurring in the nursing agency or in a patient's home where a nurse has been supplied are reported to the Regulation and Quality Improvement Authority and other relevant organisations in accordance with legislation and procedures.
- 1.15 The registered person has arrangements in place for dealing with alert letters, managing identified lack of competence and

poor performance and reporting incompetence in line with guidelines issued by the DHSSPS and professional regulatory bodies.

- 1.16 The registered manager ensures that all nurses are registered with NMC, that they abide by the NMC Code of Professional Conduct and obtains evidence that professional registration requirements are met and maintained on an ongoing basis.
- 1.17 There is a written policy on “Whistle Blowing” and written procedures that identify to whom staff report concerns about poor practice.
- 1.18 There are appropriate mechanisms to support staff in reporting concerns about poor practice.
- 1.19 There are written accounting and financial control procedures that meet professional standards of good practice and legislative requirements and provide safeguards against errors or fraud.
- 1.20 Insurance cover is in place against loss or damage to the assets of the business. The level of cover should reflect the full replacement value of buildings, fixture, fittings and equipment.
- 1.21 Insurance cover is held, to limits commensurate with the level and extent of activities undertaken by the agency or to the minimum required by the Regulation and Quality Improvement Authority, for employers liability, public and third party liabilities, business interruption costs, including loss of earnings and costs to providers of meeting contract liabilities.
- 1.22 The agency requires all nurses to have professional indemnity insurance.
- 1.23 All legally required certificates and licences are kept up to date, and displayed if required and are accessible for the purpose of inspection.
- 1.24 The nursing agency has systems in place for confirming that any medical device or equipment used by nurses in a patient’s own home has been maintained and checked in accordance

with the manufacturer's and installer's guidance, and records kept of the confirmation received and that the nurse is competent in the use of the equipment.

- 1.25 The registered person has arrangements in place to ensure that:
- all necessary pre-employment checks are carried out;
 - criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and
 - all appropriate referrals necessary are made in order to safeguard children and vulnerable adults¹ .

¹ **Note:** AccessNI is unable to obtain overseas criminal records or other relevant information as part of its disclosure service - only details of offences committed in the UK will be provided. A person who has recently moved to the UK may not appear on any of the records searched by AccessNI. Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard. More information about AccessNI can be found at: <http://www.accessni.gov.uk/index.htm>

Policies and procedures

Standard 2 : There are policies and procedures in place that direct the quality of services provided by the nursing agency.

Criteria

- 2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in place and in accordance with statutory requirements.
- 2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.
- 2.3 Policies and procedures are centrally indexed and compiled into a policy manual.
- 2.4 Policies and procedures are dated when issued, reviewed or revised.
- 2.5 Policies and procedures are subject to a systematic three yearly review or as required, and the registered person ratifies any revision to, or introduction of, new policies and procedures.

Management of records

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.

Criteria

- 3.1 Where agency nurses are supplied to provide nursing care to private patients in their own homes, those patients have access to their records in accordance with the Data Protection Act 1998.
- 3.2 The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.
- 3.3 Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.
- 3.4 The information held on record is accurate, up to date and necessary.
- 3.5 Nursing care records are written and maintained in accordance with NMC guidelines.
- 3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.
- 3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.

Recruitment of staff

Standard 4 : Staff are recruited and employed in accordance with relevant statutory employment legislation.

Criteria

- 4.1 The policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidelines.
- 4.2 Before making an offer of employment: -
- the applicant's identity is confirmed;
 - two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer;
 - any gaps in an employment record are explored and explanations recorded;
 - criminal history disclosure information at the enhanced disclosure level is sought from AccessNI for the preferred candidate(**Note:** Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard);
 - professional and vocational qualifications are confirmed;
 - evidence is obtained of ongoing learning, professional development and practice experience relevant to areas of practice;
 - current registration with NMC is confirmed for nurses;
 - current status of work permit/employment visa is confirmed;
 - communication skills as appropriate for the job are assessed;
 - a pre-employment health assessment is obtained.
- 4.3 In the case of a midwife registered with NMC, the following evidence is required:
- a copy of the relevant statement of entry on an annual basis;
 - that the midwife has notified her or his intention to practise with the local Health and Social Services Board responsible midwifery officer;
 - that a supervisor of midwives has been identified for the individual midwife.

- 4.4 Records of all the documentation relating to the recruitment process are kept in compliance with the principles of the Data Protection Act 1998, and with AccessNI's Code of Practice².
- 4.5 Staff are issued with a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment.
- 4.6 Job descriptions are issued on appointment.

² AccessNI's Code of Practice is available at <http://www.accessni.gov.uk/code-of-practice.pdf>

International recruitment of nurses

Standard 5: International recruitment is carried out on a good practice, ethical basis in accordance with inter-country arrangements.

Criteria

- 5.1 The policy and procedures for international recruitment detail the process and comply with legislative requirements guidance as defined by professional bodies and national standard setting organisations.
- 5.2 There is a system for checking the up to date position in relation to formal agreements with DHSSPS before considering recruiting in a specific country.
- 5.3 The nursing agency provides accurate information to international nurse applicants about the type of jobs in which they might be placed, and this includes advance information on the following:
- HSC and independent sector employment;
 - minimum terms and conditions of employment;
 - job and person specification;
 - adaptation programmes;
 - professional associations and trade unions;
 - NMC registration process;
 - geographical area and the cost of living in the area to which they will be moving; and
 - all other costs that they might incur, for example, accommodation, uniform and transport costs.
- 5.4 The recruitment and selection of internationally recruited nurses includes procedures for carrying out a pre-employment health assessment that are determined in advance in conjunction with the occupational health guidelines.
- 5.5 The nursing agency does not charge fees to international nurses to be considered for recruitment or placement in the UK.

- 5.6 The nursing agency confirms with NMC that international nurses' experience and qualifications are validated.
- 5.7 The nursing agency has a follow up process to ensure that the internationally recruited nurses who have been placed receive help to settle successfully.
- 5.8 The nursing agency is a member of a human resources agency such as the Recruitment and Employment Confederation (REC) and adheres to the relevant code of practice.

Staff training and development

Standard: 6 **The agency has procedures in place to ensure all staff are appropriately trained and qualified for their roles.**

Criteria

- 6.1 Newly appointed staff, are required to complete structured orientation and induction.
- 6.2 The registered manager requires newly appointed staff to provide evidence of training most recently undertaken that fulfils mandatory training requirements.
- 6.3 Mandatory training requirements are met.
- 6.4 The agency obtains from nurses evidence of ongoing learning, professional development and practice experience relevant to areas of practice, and maintains a record of all details given.
- 6.5 The training needs of individual agency staff for their roles and responsibilities (including infection control) are identified, and arrangements are in place to meet them.
- 6.6 A record is kept in the agency of all training completed by agency staff. The record includes: -
- the date(s) of the training;
 - the name and qualification of the trainer or the training agency;
 - content of the training programme; and
 - the names and signatures of those attending the training event.
- 6.7 There is a written training and development plan that is kept under review and is updated at least annually. It reflects the training needs of individual agency staff and the aims and objectives of the nursing agency.
- 6.8 The effect of training on management practices and supply of nurses is evaluated as part of quality improvement.

Assessment and placement of nurses

Standard 7: The nursing agency matches skills and expertise of nurses to the requirements of placements.

Criteria

- 7.1 The nursing agency establishes the needs and requirements of each request for an agency nurse placement.
- 7.2 The selection of nurses for supply to any setting is made by an identified nurse with appropriate skills and expertise who reviews previous roles, practice experience and competency of each nurse and matches appropriate nurse(s) to the requirements of the placement setting.
- 7.3 An identified nurse with appropriate skills and expertise carries out and records periodic reviews and re-assessment of skills, expertise and competency with each nurse. These reviews take account of comments from private patients and managers of settings in which nurses have been placed.
- 7.4 The nurse on a clinical placement should be made aware of the local clinical supervision arrangements and how to access these.

Complaints

Standard 8: All complaints are taken seriously and dealt with promptly and effectively.

Criteria

- 8.1 Agencies should operate a complaints procedure that meets the requirements of the HPSS Complaints Procedure and is in accordance with the relevant legislation and DHSSPS guidance.
- 8.2 Arrangements for dealing with complaints should be publicised.
- 8.3 A copy of the complaints procedure is provided to service users and their representatives and this is available in a range of formats if required.
- 8.4 The complaints procedure includes a step-by-step guide to making a complaint, the timescales involved, an outline of the role and function of the Regulation and Quality Improvement Authority in dealing with complaints relating to the agency and contact details for the Authority.
- 8.5 Agency staff know how to receive and deal initially with complaints.
- 8.6 Advice is provided to service users on how to make a complaint and who to contact if they remain dissatisfied or require support services, including independent advocacy.
- 8.7 Service users must, where appropriate, be made aware of the role of independent advocacy services and be assisted to access the support they need to articulate their concerns and successfully navigate the system.
- 8.8 Staff directly involved in the management and investigation of complaints are trained and supervised in the application of the complaints procedure.

- 8.9 Complaints are investigated and responded to within 28 days and when this is not possible, complainants are kept informed of any delays.
- 8.10 Records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action taken.
- 8.11 The registered provider co-operates with any complaints investigation carried out by the HSC Trust, the Regulation and Quality Improvement Authority or the NI Commissioner for Complaints.
- 8.12 Where a complaint relates to a registered provider's failure to comply with the statutory regulations, then that complaint should be referred directly to the Regulation and Quality Improvement Authority for consideration.
- 8.13 Where a complaint relates to abuse, exploitation or neglect, the Regional 'Safeguarding Vulnerable Adults' Policy and Procedural Guidance and the associated Protocol for Joint Investigation of Alleged or Suspected cases of Abuse of Vulnerable Adults should be activated.
- 8.14 When required, a summary of all complaints, outcomes and actions taken is made available to the Regulation and Quality Improvement Authority.
- 8.15 Information from complaints is used to improve the quality of services.
- 8.16 The complainant must be advised of their right to approach the NI Commissioner of Complaints if they remain dissatisfied with the outcome of the relevant complaints procedure.
- 8.17 The policy and procedure for dealing with complaints from children complies with The Representations Procedure (Children) Regulations (NI) 1996.

Protection of vulnerable adults and safeguarding children

Standard 9: Vulnerable adults and children are protected from abuse.

Criteria

- 9.1 Procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Boards and HSC Trusts³.
- 9.2 Where the agency provides a service to children there are written procedures for safeguarding children and young people consistent with legislation, DHSSPS guidance and regional procedures⁴.
- 9.3 Procedures for protecting vulnerable adults and for safeguarding children and young people are included in the induction programme for staff.
- 9.4 Staff have completed training on and can demonstrate knowledge of: -
- protection from abuse;
 - indicators of abuse;
 - responding appropriately to suspected, alleged or actual abuse; and
 - reporting suspected, alleged or actual abuse.
- 9.5 All suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with the procedures.
- 9.6 All suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with the procedures.
- 9.7 All relevant persons and agencies are notified of the outcome of any investigations undertaken by the nursing agency.

³ Information on protection of vulnerable adults can be accessed at <http://www.dhsspsni.gov.uk/pova.pdf>

⁴ Information about child protection matters can be accessed at: http://www.dhsspsni.gov.uk/index/hss/child_care/child_protection/child_protection_guidance.htm

- 9.8 Written records are kept of suspected, alleged or actual incidents of abuse and include details of the investigation, the outcome and action taken by the nursing agency.
- 9.9 Where shortcomings in systems are highlighted as a result of an investigation, additional identified safeguards are put in place.
- 9.10 Refresher training on the protection of vulnerable adults and safeguarding children is provided for staff at least every three years.

Obtaining comments from people who use the nursing agency

Standard 10: The views and comments of people who use the services provided by the nursing agency are obtained and acted on in the evaluation and planning of services provided by the nursing agency.

Criteria

- 10.1 People who use services provided by the nursing agency are asked for their comments on the quality of services information and care received. The information is collected in an anonymised format, summarised and used by the nursing agency to make improvements to services.
- 10.2 A summary of the comments made is available to people who use the nursing agency including private patients, prospective patients and other interested parties.
- 10.3 Reports summarising comments made by people who use the services provided by the nursing agency and action taken by the nursing agency are made available to staff and agency nurses.

Quality care for private patients (being cared for in their own home)

The following standards apply where the nursing agency supplies nurses to private patients in their own homes. The need for the nursing agency to have relevant information about the patient before supplying an agency nurse is essential, in ensuring that skills and expertise of agency nurses are matched to the requirements of placements, prior to that placement. The need for ongoing assessment and identification of risks to ensure a fit between the care being provided and the changing care needs of the patient is also vital in ensuring safe, effective nursing care. This means that care planning is balanced between the reasonable risks the patient wishes to take, the safety and well being of the patient, the agency nurse and other people living in the patient's home.

Responding to requests for private nursing care

Standard 11: There are arrangements in place to respond promptly to requests for private nursing care.

Criteria

- 11.1. The policy and procedures detail the arrangements for dealing with requests from people who are seeking agency nurses to provide private nursing care in their own homes.
- 11.2. An identified nurse employed by the nursing agency visits patients in their own homes, carries out and records an assessment of nursing care needs using validated assessment tools, prior to supplying a nurse. Information received from other care providers, if appropriate, is used in this assessment. Any associated factors or risks are documented.
- 11.3. An identified nurse with skills and expertise matches and selects appropriate nurse(s) to the requirements of the patient.
- 11.4. All information including associated factors and risks are given to the nurse(s) prior to placement.
- 11.5. A service user's guide that provides comprehensive, up-to-date information about the nursing agency in an accessible format, is given to the patient. (Appendix 1)
- 11.6. A written service contract is provided by the nursing agency within seven days of commencement of the service. The patient and / or their representative and the nursing agency each has a copy of the contract that is signed and dated by the patient or representative and the registered manager of the nursing agency. (Appendix 2)

Provision of nursing care

Standard 12: Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.

Criteria

- 12.1 The agency nurse implements a person-centred nursing care plan that is based on an initial assessment of the patient's care needs and is agreed with the patient.
- 12.2 The provision of nursing care and re-assessment of the patient's ongoing care needs, are agreed with the patient, monitored and recorded on a day-to-day basis.
- 12.3 The results and outcomes of any treatment and care are clearly explained to patients and any options available to them are discussed.
- 12.4 The nursing care plan and ongoing care needs are reviewed and agreed with patients and their carers/representatives at time intervals as recorded.
- 12.5 Arrangements are in place to ensure that private patients in their own homes are kept fully informed of issues relating to the care provided by the agency nurse(s) and that they are enabled to make comments about the quality of care provided.
- 12.6 Where the agency remains the employer of the nurse, there should be effective clinical supervision arrangements in place.

Completion of case records

Standard 13: There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.

Criteria

- 13.1 The policy and written procedures for managing case records of care and treatment planned and given to private patients detail arrangements for the creation, use, retention, storage, transfer of and access to those records.
- 13.2 All entries in case records are contemporaneous; dated, timed and signed, with the signature accompanied by the name and designation of the signatory.
- 13.3 Any alterations or additions are dated, timed and signed, and made in such a way that the original entry can still be read.
- 13.4 Agency nurses record all care given and recommendations in patients' case record.
- 13.5 Where private patients decline to have records kept in their own homes, this is documented, dated, signed and retained in the nursing agency.
- 13.6 Case records are kept in the homes of private patients for one month, or until the service is concluded, after which time they are transferred, with patients' permission, to the nursing agency in accordance with procedures.

Consent to treatment and care

Standard 14: Consent to treatment and care is obtained from private patients who receive care in their own home.

Criteria

- 14.1 There is a written policy on obtaining consent to treatment and care that adheres to NMC Code of Professional Conduct and DHSSPS guidelines.
- 14.2 There are written guidelines for agency nurses when a patient does not have the capacity or refuses to give consent to treatment or care.
- 14.3 Nursing procedures are explained to patients, and their representatives, informing them of the implications of the treatment and any options available to them. This is documented in nursing care records.
- 14.4 Completed consent forms are maintained within individual nursing care records.

Management of medicines

Standard 15: There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients' own homes.

Criteria

- 15.1 The policy and procedures cover all activities concerned with the management of medicines for private patients. These are in accordance with legislative requirements and current best practice as defined by professional bodies and national standard setting organisations.

- 15.2 The agency provides private patients and their carers/representatives with information, in an accessible format, on the circumstances in which nurses may administer or assist in the administration of medicines.

- 15.3 Medicine errors and incidents that occur in private patients' home are reported, in accordance with procedures, to the appropriate authority.

SECTION 2

REQUIREMENTS FOR REGISTRATION

Registration

This section sets out the requirements that must be met by private nursing agencies to obtain registration. Articles 12 to 22 of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003 deal with registration and should be read in conjunction with this section.

The statement of purpose defines what services and facilities the nursing agency will provide whilst the operational policy describes how they will be provided.

An individual who intends to carry on a nursing agency must be registered and is referred to as the registered person. An organisation that intends to carry on a nursing agency is required to nominate one person to be registered on behalf of the organisation, who is referred to as the registered person.

The registered person is required to register one person as the manager of the nursing agency, referred to as the registered manager.

The manager of the nursing agency must be registered and is referred to as the registered manager. The registered person may also be the registered manager.

Those applying for registration as registered persons and/or registered managers must meet the relevant criteria for these positions.

There must be evidence that the following requirements are met prior to nursing agencies and persons being registered.

Statement of purpose

The written statement of purpose for the agency includes the following information: -

Part 1

- details of the person or organisation with overall responsibility for the agency;
- the status and constitution of the agency;
- the organisational structure of the agency;
- the aims and objectives of the or agency;
- the philosophy of care;
- the services provided by the agency; and
- types of settings in which agency nurses are supplied to work.

Part 2

- the operational policy for the nursing agency which includes the following:-
 - the arrangements for management and control of the nursing agency;
 - the arrangements in place to ensure the fitness of persons to work at the nursing agency;
 - the arrangements for safeguarding and promoting the health and well-being of people using services provided by the nursing agency;
 - the arrangements for the training and development of people who work in the nursing agency;
 - the accounting and financial control arrangements for the nursing agency;
 - the insurance arrangements;
 - the arrangements for the keeping of documents and records;
 - the arrangements for the notification of reportable events;
 - the arrangements for dealing with complaints and the steps for publicising these arrangements;
 - the arrangements for the management of medicines in the home of private patients; and
 - the policies and procedures listed in Appendix 3.

Fitness of the registered person

To determine the fitness of the person applying for registration the following are required: -

- two satisfactory written references;
- pre employment health assessment;
- satisfactory criminal history disclosure information, at enhanced disclosure level;
- evidence of qualifications (if any) and registration with professional regulatory bodies;
- confirmation of identity;
- financial/business plan; and
- adequate insurance arrangements.

In addition, the Regulation and Quality Improvement Authority is assured through the registration process that the person or organisation: -

- has knowledge and understanding of his or her legal responsibilities;
- intends to carry on the establishment or agency in accordance with legislative requirements, DHSSPS minimum standards and other standards set by professional regulatory bodies and standard setting organisations;
- intends to undertake up date training to ensure he or she has the necessary knowledge and skills; and
- will adhere to the professional codes of conduct of the relevant regulatory bodies.

Fitness of the registered manager

To determine the fitness of the person applying for registration as the registered manager, the Regulation and Quality Improvement Authority is assured through the registration process that the person:-

- is a nurse with current NMC registration;
- has at least 5 years post-qualification experience; and
- has a management qualification or 2 years managerial experience within the last 5 years.

The following are also required: -

- a satisfactory employment history, together with a written explanation of any gaps in employment;
- a pre-employment health assessment;
- two satisfactory written references one of which is from the applicant's present or most recent employer;
- satisfactory criminal history disclosure information, at the enhanced level (**Note:** Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard – see standard 4.2);
- evidence of professional and vocational qualifications;
- evidence of registration with NMC; and
- confirmation of identity.

In addition, the Regulation and Quality Improvement Authority is assured through the registration process that the person: -

- has knowledge and understanding of his or her legal responsibilities;
- intends to carry on the nursing agency in accordance with legislative requirements, DHSSPS Minimum Standards, and other standards set by professional bodies and standard setting organisations;
- intends to undertake update training to ensure he or she has the necessary knowledge and skills; and
- will maintain registration with NMC and adhere to the Code of Professional Conduct.

Suitability of the nursing agency premises

The design of the premises complies with current legislation and good practice guidance notes.

The premises are fully commissioned and operational and are suitably equipped for the day-to-day operation and management of the service.

Appendix 1: The service user's guide

The service user's guide includes information on the following areas and subjects: -

- the nursing agency, its structure and name of the registered person;
- the name of the registered manager and general staffing arrangements of the nursing agency;
- a summary of the statement of purpose, and the services provided;
- the range of qualifications and skills of nurses and the settings to which they may be supplied;
- procedures for supply and placement of nurses;
- arrangements for obtaining the views of patients and people who use services provided by the nursing agency;
- results of patient and service user satisfaction surveys;
- a statement on confidentiality that complies with NMC Code of Professional Conduct;
- arrangements for inspection of the nursing agency and details about how to access Regulation and Quality Improvement Authority inspection reports;
- arrangements that will apply during the sickness and other absence of a nurse supplied by the nursing agency;
- how to access services provided by the nursing agency;
- general terms and conditions for receipt of services provided by the agency;
- costs of services; and
- response times to requests for services.

Appendix 2: The service contract

The contract between the person using the service and the nursing agency specifies the following: -

- date of commencement of service and duration (if known), and the arrival and departure times of staff;
- arrangements for gaining access to and security of the patient's home;
- the nursing care to be provided;
- terms and conditions of the care provided with reference to relevant policies;
- health and safety responsibilities of the patient and the nursing agency;
- a copy of the complaints procedure;
- telephone numbers for both in and out of hours contact;
- arrangements for reviewing the contract;
- responsibility for the maintenance of devices or medical equipment provided or on loan from a HSS Trust;
- supplies and/or equipment to be made available by the patient or the person using the service and by the nursing agency;
- fees payable for the service, the arrangements for payment and the minimum period of notice for any change to the fees;
- arrangements for monitoring and supervising agency nurses; and
- procedures for terminating the contract.

Appendix 3: Policies and procedures

The following policies and procedures are associated with the minimum standards and are required to be in place in nursing agencies:

Absence of the registered manager
Accidents and adverse incidents
Accounting and financial control procedures
Assessing, planning, implementing and evaluating nursing care for private patients in their own homes
Clinical nursing procedures
Complaints
Completion of case records
Confidentiality
Confirmation with NMC of nurses' registration status
Consent
Consultation with private patients and their representatives
Dealing with alert letters issued by DHSSPS and NMC
Disclosure of patient information
General communications arrangements
Infection prevention and control
Inspections of the nursing agency
Insurance arrangements
International recruitment of agency nurses
Management and use of medical devices and equipment in the homes of private patients
Management, control and monitoring of the nursing agency
Management of medicines in the homes of private patients
Management of records and information
Managing service contracts
Matching skills and expertise of nurses to the requirements of placements
Monitoring and auditing the quality of services
Moving and handling
Obtaining comments from people who use the nursing agency
Occupational health arrangements
Operational policy
Orientation and induction for newly appointed agency staff and nurses
Pre-employment health assessment for nurses
Providing 24 hour support for patients in their own homes and agency nurses
Protection of vulnerable adults and safeguarding children
Recruitment of staff

Quality improvement
Reporting arrangements to the registered person.
Reporting, recording and notifying accidents, incidents, infectious diseases and deaths inc. RIDDOR arrangements
Responding to requests for private nursing care
Review and revision of policies and procedures
Review and revision of service user's guide
Reviews and reassessment of nurses
Risk assessment and management
Smoking
Staff induction
Staff discipline and grievance
Staff meetings
Staff records
Staff training and development
Supply and placement of nurses
Suspected, alleged or confirmed instances of abuse
Uniforms for agency nurses
Whistle blowing

Appendix 4: Glossary of terms

AccessNI

Access NI helps organisations in Northern Ireland to make more informed recruitment decisions. It does this by providing criminal history information about anyone seeking paid or unpaid work in defined areas, such as working with children or vulnerable adults.

Agency nurse

A qualified nurse, midwife or health visitor currently registered with the NMC (Nurses and Midwives Council) who is supplied by the nursing agency to provide care in establishments, care settings and the homes of private patients.

Agency staff

Those staff who are employed to work in the nursing agency. This includes administrative staff and nurses who have responsibility for selection, recruitment, supply and placement of agency nurses.

Assessment

Collection and measurement of data to determine a patient's need for health, personal and social care and support services, undertaken with the individual, his/her relatives/representatives, and relevant professionals.

Assessment tool

Aid to assess residents' health status.

Assistance with medicines

The act whereby a nurse reminds a patient to take or apply medicines.

Administration of medicines

Involvement of the nurse in any of the following:

- Helping the patient to identify medicines to be taken or applied
- Preparing the medicine dose
- Giving or applying the medicine dose to the patient.

Evidence-based (care / practices)

An approach to decision making where a nurse uses the best evidence available, in consultation with residents their representatives and relevant health care professionals to decide upon the option which suits each resident best.

Holistic care

Care that meets social, psychological, emotional and physical and spiritual needs.

Nurse

A nurse, midwife or specialist community public health nurse (formerly known as a health visitor) who is registered with the Nursing and Midwifery Council.

Nursing and Midwifery Council (NMC)

The UK regulatory body that is responsible for education, practice and conduct of nurses and midwives.

Nursing Care Plan

A written, structured plan of action for care of patients based on holistic assessment of care needs, identification of specific care problems and the development of a plan of action for their resolution.

Outcome

The end result of the care provided to a patient. Evaluation of the outcomes of the nursing care plan can be used to measure the effectiveness of the service.

Private Patient

A patient who receives nursing care from a nurse supplied by the nursing agency outside any HSC Trust arrangements.