



The Regulation and  
Quality Improvement  
Authority

# Staffing guidance for Nursing Homes

June 2009

informing and improving health and social care  
[www.rqia.org.uk](http://www.rqia.org.uk)

## **Staffing Guidelines for Nursing Homes**

The following staffing guidelines are the baseline staffing requirements for any nursing home setting. Nurse Managers must, in the interest and safety of patients, ensure that all the points that are set out in the document are taken into account when calculating staffing levels for individual settings. Proposed staffing levels should always be agreed with the Regulation and Quality Improvement Authority prior to registration or re-registration of the nursing home and at any other time as required. Staffing levels should be kept under continuous review.

### **1. Legislative requirements for staffing in nursing homes**

Article 23 (2) (g) of The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 makes provision as to the numbers of persons, or persons of any particular type, working at an establishment or for the purposes of an agency.

Regulation 20 (1) (a) of the Nursing Homes Regulations (Northern Ireland) 2005 states that the registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.

Contravention of this provision of the regulations shall be an offence under regulation 36 (1) of the Nursing Homes Regulations (Northern Ireland) 2005.

### **2. Staffing Guidelines**

The following points must be considered when staffing levels are being determined:

- ratio of staff to patients
- the dependency levels of patients.
- the role of the registered manager
- competencies and experience of staff
- the layout of the home and accessibility of facilities
- supervised practice and staff training
- workload
- categories of care

## 2.1 Ratio of staff to patients

The following framework is a guide to determining reasonable and practical ratios of staff to patients in nursing homes in the first instance:

Time period		Staff	Patients
8.00 am - 2.00 pm	ratio of	1	5
2.00 pm – 8.00pm	ratio of	1	6
8.00 pm - 8.00 am	ratio of	1	10

Within this ratio framework there is a minimum requirement for a skill mix of 35% registered nurses to 65% care assistants over the 24 hour period.

### 2.1.1 Examples of staffing levels in nursing homes using ratio approach.

The calculations below are based on anecdotal evidence from inspectors of nursing homes who concluded that at least 60% of patients in nursing homes are in the medium to high dependent categories of care. The following examples should be used as baseline calculations for any nursing home setting. Further negotiations and agreement regarding the individual staffing arrangements for a home providing care for service users with learning disabilities/mental health needs etc. is required with the Regulation and Quality Improvement Authority.

#### **Example 1 - 30 bedded nursing home**

No of beds	Time periods	Staff / Patient ratio	Total no. of staff	No. of Nurses	No. of C/A's	Total care hours
30	8.00 am - 2.00 pm	1:5	6	2	4	36 hours
	2.00 pm - 8.00 pm	1:6	5	2	3	30 hours
	8.00 pm - 8.00 am	1:10	3	1	2	36 hours

**This provides a total of 102 available care hours with an average of 3.4 care hours per patient over 24 hour period with 35% registered nurses and 65% care assistants over the 24 hour period.**

**Example 2 – 40 bedded nursing home**

No of beds	Time periods	Staff / Patient ratio	Total no. of staff	No. of Nurses	No. of C/A's	Total care hours
40	8.00 am - 2.00 pm	1:5	8	3	5	48 hours
	2.00 pm - 8.00 pm	1:6	7	2	5	40 hours
	8.00 pm - 8.00 am	1:10	4	2	2	48 hours

**This provides a total of 136 available care hours and an average of 3.4 care hours per patient day. The overall grade mix is 38% registered nurses, 62% care assistants.**

**Example 3 - 60 bedded home**

No of beds	Time periods	Staff / Patient ratio	Total no. of staff	No. of Nurses	No. of C/A's	Total care hours
60	8.00 am - 2.00 pm	1:5	12	4	8	72 hours
	2.00 pm - 8.00 pm	1:6	10	4	6	60 hours
	8.00 pm - 8.00 am	1:10	6	2	4	72hours

**This provides a total of 204 Hours available care hours over a 24 hour period with an average of 3.4 care hours per patient day. The overall grade mix over the 24 hours period is 35% nurses and 65% care assistants.**

## 2.2 Dependency levels of patients

Following initial calculation using a ratio based approach, dependency levels should be undertaken to validate findings. The required care hours per patient per day should be calculated using the Rhys Hearn (1970) dependency tool:

<b>Description of Dependency Levels</b>	
<b>Self Caring:</b> Typically a person in this care group:	
<ol style="list-style-type: none"><li>1. Is continent</li><li>2. Does not require assistance in the toilet</li><li>3. Can feed him/her</li><li>4. Can wash him/herself</li><li>5. Can walk without assistance, but may use a stick/zimmer /tripod</li><li>6. Can manage own affairs</li><li>7. Can make needs known</li></ol>	
<b>Care hours required per patient per day</b>	<b>1.0 hour</b>
<b>Low Dependency</b> Typically a person in this care group:	
<ol style="list-style-type: none"><li>1. Is continent, but may have the occasional 'accident'</li><li>2. Can usually manage in the toilet, but may need supervision</li><li>3. Can feed him/herself</li><li>4. May need supervision or assistance with washing</li><li>5. May need supervision or assistance with dressing</li><li>6. Walks without assistance, but probably uses a stick/zimmer/ tripod</li><li>7. Can manage own affairs with little assistance</li><li>8. Can make needs known</li></ol>	
<b>Care hours per patient per day</b>	<b>2.0 hours</b>
<b>Medium dependency</b> Typically a person in this care group:	
<ol style="list-style-type: none"><li>1. Is occasionally incontinent</li><li>2. Requires assistance in the toilet</li><li>3. Can feed him/herself, but may need minimal help</li><li>4. Needs supervision or assistance with washing</li><li>5. Needs help with dressing</li><li>6. Needs to use a walking aid or be assisted, may use a wheelchair</li><li>7. Requires assistance with financial affairs</li><li>8. Has difficulty making needs known</li></ol>	
<b>Care hours required per patient per day</b>	<b>3.0 hours</b>

**High Dependency:** Typically a person in this care group:

1. Is sometimes doubly incontinent
2. Requires assistance in the toilet, uses a commode or requires incontinence care
3. Requires assistance or has to be fed
4. Requires washing
5. Requires dressing
6. Walks with assistance or is bedfast/chairfast
7. Cannot manage own affairs
8. Cannot make needs known

**Care hours required per patient per day      4.0 hours**

References:

Rhys Hearn (1970) Method for determining nursing staff

The dependency level of the patients can be used to ensure a standardised approach when deciding the staffing levels and appropriate qualifications of staff in a nursing home.

#### **Care Group A - Estimated direct care required per day - 1 Hour**

A person who is deemed to be in Care Group A may be regarded as largely capable of "self care".

#### **Care Group B - Estimated direct care required per day - 2 Hours**

A person who is deemed to be Care Group B may be regarded as requiring "average care".

#### **Care Group C - Estimated direct care required per day - 3 Hours**

A person who is deemed to be Care Group C may be regarded as needing "above average care".

#### **Care Group D - Estimated direct care required per day - 4 Hours**

A person who is deemed to be Care Group D may be regarded as needing "maximum nursing care".

### 2.2.1 Examples of staffing levels in nursing homes using dependency levels.

*The following is an example using this formula for a Nursing Home providing accommodation for 60 patients with patient dependency levels as shown.*

Care Group D - High Dependency = 36 patients x 4 hours = 144 care hours

Care Group C - Medium Dependency = 12 patients x 3 hours = 36 care hours

Care Group B - Low Dependency = 6 patients x 2 hours = 12 care hours

Care Group A – Self Caring = 6 patients x 1 hour = 6 care hours

**Total:** = 198 care hours  
for a 24 hour period

To calculate minimum staffing provision for 7 days, multiply 198 by 7

**Total care hours for one week:** 1386 hours

Please note that 35% of the total care hours must be deployed to Registered Nurse provision.

### 2.3 The role of the registered manager

The registered manager should be given appropriate time to effectively perform management duties, taking into account the size of the home and any other local management arrangements. However, any direct care hours allocated to the registered manager should be agreed with the Regulation and Improvement Authority, and clearly indicated on duty rotas.

### 2.4 Competency and Experience of staff

The competency levels of all staff should be determined by the nurse manager using a method such as a capability assessment within the staff supervision and appraisal arrangements. The Nursing and Midwifery Council's Code of Professional Conduct states, that in order for nurses to practise competently, they must have the knowledge and skills for safe and effective practice when working without direct supervision. Nurses must also recognise and work within the limits of their competence.

## **2.5 Layout of the home, accessibility of facilities and safety of patients**

The NMC Code of Professional Conduct requires nurses to manage the risk to patients and clients, therefore the outcome of any risk assessment carried out by the registered manager in relation to the overall layout of the home, (e.g. number of floors and / or units within the home and the location of patient accommodation) should be considered when determining staffing levels. Consideration must also be given to the requirements of Health Technical Memorandum 84 risk assessment, and guidance/regulations from other agencies such as The Northern Ireland Fire and Rescue Service and the Health and Safety Executive.

## **2.6 Supervised practice and staff training**

Nurses have a duty to facilitate students and others to develop their competence, therefore the registered manager should ensure that there is adequate time allocated for nurses to undertake supervised practice. Consideration must also be given to the extent in which nurses are involved in training and supervision of other nurses, care staff and student nurses. Nurses who are undertaking adaptation programmes should not be included in nurse staffing calculations.

## **2.7 Workload**

Staffing levels should reflect times within the 24 hour period in which workload is increased (e.g. mealtimes, provision of personal care etc). Staffing arrangements should be sufficient that sick leave, annual leave or any other special leave will be compensated for with no dilution of the required staff on duty. Consideration must be given to the impact that high staff turnover and reliance on agency staff has on the workload of regular staff.

Staffing levels must be increased in instances where the provision of day care services leads to an increase in the workload.

Staffing levels must be assessed and agreed with commissioners of care and the Regulation and Quality Improvement Authority prior to the implementation of any scheme such as the provision of contracted beds, respite care, step up / step down care and intermediate care.

## References

1. Registration and Inspection Units (1998) Staffing Guidelines.
2. Rhys Hearn (1970) Rhys Hearn method of determining nursing staff.
3. RCN (2004) A Certain Ratio? Minimum Staffing Standards
4. Nursing Times (2005) Weighing Up Nurse to Patient Ratios. 2<sup>nd</sup> - 8<sup>th</sup> August 2005
5. Nursing and Midwifery Council (2004) The NMC code of professional conduct: standards for conduct, performance and ethics