



RQIA Provider Guidance 2019-20

Nursing Agencies

www.rqia.org.uk

What We Do

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care (HSC) services. We were established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation)(Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

Through our programme of work we provide assurance about the quality of care; challenge poor practice; promote improvement; safeguard the rights of service users; and inform the public through the publication of our reports. RQIA has three main areas of work:

- We register and inspect a wide range of independent and statutory health and social care services.
- We work to assure the quality of services provided by the HSC Board, HSC trusts and agencies - through our programme of reviews.
- We undertake a range of responsibilities for people with mental ill health and those with a learning disability.

We inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

RQIA registers and inspects a wide range of health and social care services. These include: nursing, residential care, and children's homes; domiciliary care agencies; day care settings/centres; independent health care; nursing agencies; independent medical agencies; residential family centres; adult placement agencies; voluntary adoption agencies, school boarding departments and young adult supported accommodation (inspected only).

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of nursing agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights.

The Four Domains: Stakeholder Outcomes



How We Will Inspect

We will inspect every nursing agency at least once every year. Our inspectors are most likely to carry out unannounced inspections, however from time to time we need to give some notice of our inspections.

During our inspections we will inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

When we inspect a nursing agency, we aim to:

- Seek the views of the people who use the service, and or their representatives. In some cases we will do this before our inspection visit
- Talk to the manager and available staff on the day of the inspection
- Talk to trust professionals and commissioners, where appropriate.
- Examine a range of records including policies, care records, incidents and complaints
- Provide feedback on the day of the inspection to the manager on the outcome of the inspection
- Provide a report of our inspection findings and outline any areas for quality improvement where failings in compliance with regulations and/or standards are identified.

Our inspections are underpinned by:

- The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Nursing Agencies Minimum Standards (2008)

For the purposes of this inspection the term

“service user” means a person to whom an agency-

- (a) supplies a nurse who is employed by the agency; or
- (b) provides services for the purpose of supplying the service user with a nurse for employment by that service user;

“patient” means a person to whom nursing is provided by a nurse supplied by an agency;

What We Look For When We Inspect

To help us to report on whether the care is safe, effective and compassionate and whether the service is well led, we will look for evidence against the following indicators. The evidence listed for each indicator provides examples of what may be reviewed and should not be considered exhaustive.

Is Care Safe?

Avoiding and preventing harm to patients from the care, treatment and support that is intended to help them.

Indicator S1

There are, at all times, suitably qualified, competent and experienced persons working in the service in such numbers as are appropriate for the health and welfare of patients.

Examples of Evidence

- Pre-employment checks are undertaken
- There is a written policy and procedure for nurse recruitment
- The agency has a structured induction programme
- A system is in place to ensure that nurses receive supervision in accordance to the required standard and records are retained
- Arrangements are in place to ensure nurses providing clinical care are aware of the local clinical supervision arrangements and how to access these
- A system is in place to identify and provide any additional training needed to meet the requirements of service users.

Indicator S2

The service promotes and makes proper provision for the welfare, care and protection of patients.

Examples of Evidence

- Safeguarding training is provided to staff during induction and updated in accordance to the required standard
- The agency's policies and procedures are in line with the regional policy 'Adult Safeguarding Prevention and Protection in Partnership', July 2015 and Adult Safeguarding Operational Procedures 2016, Cooperating to Safeguard Children and Young People in Northern Ireland, 2016 and Area Child Protection Committees Regional Policies and Procedures, 2005
- The agency annual safeguarding report is available for review during the inspection
- There are arrangements in place to identify the Adult Safeguarding Champion
- There are arrangements in place to embed the new regional operational safeguarding procedures
- All suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with regional adult safeguarding procedures
- Where shortcomings in systems are highlighted as a result of an investigation, additional identified safeguards are put in place
- There are arrangements in place for patients to raise concerns within and out of hours (private patients)
- The agency has a whistleblowing policy and procedure
- Nurses are aware of their duty in relation to raising concerns about poor practice
- Nurses are knowledgeable about the human rights of patients and are aware of the potential impact of any restrictive practices

Indicator S3

There are systems in place to ensure that unnecessary risks to the health, welfare or safety of patients are identified, managed and where possible eliminated.

Examples of Evidence

- There are arrangements in place to ensure the nursing agency appropriately assesses the needs and requirements of each request for an agency nurse placement
- Notifiable events when appropriate are reported to RQIA and other relevant organisations
- Arrangements are in place to assure the agency that the nurse's NMC registration is maintained
- The selection of nurses for supply 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
- The agency has systems in place to monitor the performance of nursing staff
- Care plans and risk assessments include the views of the patients and where possible, their understanding of risks, the choices provided regarding care provision and the right to decline elements of the care proposed (private patients)

Indicator S4

The premises and grounds are safe, well maintained and suitable for their stated purpose.

Examples of Evidence

- The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose

Is Care Effective?

The right care, at the right time in the right place with the best outcome.

Indicator E1

The service responds appropriately to and meets the assessed needs of the people who use the service.

Examples of Evidence

- Record keeping is in accordance with legislation, standards and best practice guidance
- A policy and procedure is available which supports the creation, storage, recording, retention and disposal of records in accordance to the data protection act
- The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes guidance for nurses and agencies on the implementation and use of restrictive practices
- 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. (private patients)
- The provision of care is regularly evaluated and reviewed (private patients)
- There is evidence of the best interests of patients being considered where the service user lacks capacity to consent to or decline proposed elements of their care (private patients)
- The communication needs of patients have been assessed and where appropriate, communication support plans put in place (private patients)
- Patients are provided with a copy of their care plan in a suitable format and receive information in relation to potential sources of (external) support/advocacy to discuss their needs and care plan (private patients)

Indicator E2

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users and where appropriate patients at appropriate intervals.

Examples of Evidence

- The agency has systems in place to seek, record, monitor and retain service user and where appropriate patient's comments regarding the quality of care provided by the agency
- The agency has arrangements in place to complete regular audits and review of service provision. This should be informed by the agencies monitoring and auditing the quality of services policy and procedure
- The registered person monitors the quality of services and completes a monitoring report on a monthly basis
- The agency has in place robust arrangements for identifying and managing service failures in a timely manner (private patients)

Indicator E3

There are robust systems in place to promote effective communication between service users, staff and other key stakeholders and where appropriate patients.

Examples of Evidence

- The agency maintains records of its contact with service users and where appropriate patients or their representatives to which it provides staff
- Staff communicate effectively with patients, families and trust professionals when there are quality issues arising (private patients)
- There are arrangements in place to ensure that the views of patients with specific communication needs are sought (private patients)

Is Care Compassionate?

Patients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Indicator C1

There is a culture/ethos that supports the values of dignity and respect, independence, rights, equality and diversity, choice and consent of patients.

Examples of Evidence

- Staff are aware of the agency's policy and procedure on confidentiality and can demonstrate how this is implemented
- Patients are consulted with in relation to the confidentiality of their personal information (private patients)
- Staff have received human rights training or guidance
- There are arrangements in place to ensure that restrictive practices are kept under regular review (private patients)
- The autonomy of patients is respected and they are encouraged to exercise choices and control over all aspects of their care planning (private patients)

Indicator C2

Service users and where appropriate patients are listened to valued and communicated with, in an appropriate manner.

Examples of Evidence

- The agency has appropriate systems to ensure that nurses can report concerns they may have regarding a placement
- The agency seeks and records the views of service users and where appropriate patients on a regular basis and these are used to improve the quality of the service provision
- There are arrangements in place for promoting fairness and involving patients to make informed decisions about all aspects of their care and these are used to improve the quality of service provision (private patients)

Indicator C3

There are systems in place to ensure that the views and opinions of service users, where appropriate patients and or their representatives, are sought and taken into account in all matters affecting them.

Examples of Evidence

- Service user/ patient consultations about the standard and quality of care are carried out in accordance with the agency's policy and procedure
- The agency publishes its findings regarding service user/patient satisfaction
- The agency has an action plan to develop and improve on the services it provides

Is the Service Well Led?

Effective leadership, management and governance which creates a culture focused on the needs and the experiences of service users in order to deliver safe, effective and compassionate care.

Indicator L1

There are management and governance systems in place to meet the needs of service users/patients.

Examples of Evidence

- The agency ensures that required policies and procedures are in place and are reviewed every three years
- Policies are retained in a manner which is easily accessible
- The agency's governance arrangements highlight the identification and management of risk
- The agency maintains and implements a complaints policy and procedure in accordance to legislation and DHSSPS standards
- Records are kept of all complaints and these include details of all communications with complainants, the result of any investigation, the outcome and the action taken
- Staff know how to receive and manage complaints
- Appropriate governance systems are in place to audit complaints and identify learning
- The agency has an incident policy and procedure which details reporting arrangements to RQIA and other relevant agencies
- The management have systems in place to consider equality for patients (private patients)
- Staff are aware of equality legislation and recognise and respond to the diverse needs of patients (private patients)

Indicator L2

There are management and governance systems in place that drive quality improvement.

Examples of Evidence

- The agency manages incidents/notifiable events in accordance to local and regional guidelines
- Audits of incidents are undertaken and learning outcomes are disseminated as appropriate
- Arrangements are in place for staff supervision, review of training and development and performance management
- The agency has a system to ensure that nursing staff are appropriately trained at all times
- The agency's management and governance systems focus on improving positive outcomes for

patients

Indicator L3

There is a clear organisational structure and all staff are aware of their roles, responsibility and accountability within the overall structure.

Examples of Evidence

- There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff
- Staff are aware of their roles and responsibilities and actions to be taken should they have a concern
- The registered person/s has an understanding of their roles and responsibilities under legislation
- Service users, private patients and/or representatives are aware of roles of nurse within the agency and who to speak with if they want advice or have issues/concerns
- There are opportunities for staff awareness regarding equality legislation to recognise and respond patient's diverse needs.
- There are arrangements in place to ensure that staff behaviour and conduct is in accordance with organisational policies and procedures, values standards and legislation

Indicator L4

The registered person/s operates the service in accordance with the regulatory framework.

Examples of Evidence

- The Statement of Purpose and Service User Guide are kept under review, revised and updated as required
- Registered person/s respond to regulatory matters (e.g. notifications, reports/QIPs, enforcement)
- RQIA certificate of registration is on display and reflective of service provision
- The agency has effectively responded to previous RQIA quality improvement plans

Indicator L5

There are effective working relationships with internal and external stakeholders.

Examples of Evidence

- There are collaborative working arrangements with external stakeholders e.g. service providers/ private patients, HSC Trusts and NMC
- Arrangements are in place for nurses to access their line manager
- There are arrangements in place to support nursing staff (e.g. supervision)
- Feedback from nursing staff indicates that there are good working relationships and that management are responsive to suggestions/concerns

Inspection Reports

Our inspection reports will reflect the findings from the inspection. Where it is appropriate, a Quality Improvement Plan (QIP) will detail those areas requiring improvement to ensure the service is compliant with the relevant regulations and standards. Where either no requirements or recommendations result from the inspection this will be reflected in the report.

It should be noted that inspection reports should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in a service. The findings reported on are those which came to the attention of RQIA during the course of the inspection. The findings contained within inspection reports do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

Once the inspection report is finalised and agreed as factually accurate, it will be made public on RQIA's website



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