



RQIA Provider Guidance 2022-23

Nursing Agencies

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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:

- to register and inspect a wide range of independent and statutory health and social care services
- to work to assure the quality of services provided by the Department of Health (DoH) Strategic Planning and Performance Group (SPPG), HSC trusts and agencies through our programme of reviews
- to undertake a range of responsibilities for people with mental ill health and those with a learning disability.

RQIA registers and inspects a wide range of HSC services. These include: nursing, residential care, and children's homes; domiciliary care agencies; day care settings; 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 has a duty 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 peoples' rights. Users of nursing agencies have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience their individual choices and freedoms.

How We Will Inspect

We will inspect every nursing agency at least once every year from April 2022 to March 2023. Our inspectors carry out both announced and unannounced inspections, however from time to time we need to give some notice of our inspections. We will also undertake a range of inspections including remote, blended and onsite inspections.

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
- talk to managerial and other staff on the day of the inspection
- communicate with trust commissioners and professionals, where appropriate
- review a range of records including policies, recruitment records, incidents and complaints
- provide feedback on the day of the inspection to the person in charge 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 and may, on occasion, include particular themes.

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

Indicator 1

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

Examples of Evidence

- There is a written policy and procedure for staff recruitment and induction
- Work permits of any potential employee are checked and adhered to
- Pre-employment checks are undertaken and written confirmation of this is provided by the registered person in accordance with Regulation 12, Schedule 3 and

Standards 4 and 5

- The agency has a structured induction programme and written records are maintained
- A system is in place to ensure that nurses receive supervision and appraisal in accordance with the required standard and records are retained
- Arrangements are in place to ensure that nurses providing clinical care are aware of the local clinical supervision arrangements and how to access these
- A system is in place to ensure all nurses are registered with the Nursing and Midwifery Council (NMC) and that registration of each nurse is maintained and kept under review
- A system is in place to monitor alerts issued by the Chief Nursing Officer (CNO) for Northern Ireland
- A system is in place to identify and provide any additional training needed to meet the requirements of service users.

Indicator 2

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

Examples of Evidence

- 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
- Safeguarding training is provided to nurses during induction and updated as necessary, in line with policies and procedures. The content of the training is retained and available for inspection
- Content of the Safeguarding training includes – Physical, Sexual, Psychological, Financial, Institutional, Neglect, Exploitation, Domestic Violence, Human Trafficking and Hate Crime are additional types of abuse
- There is an identified Adult Safeguarding Champion (ASC)
- The annual Adult Safeguarding Position Report is completed and available for review (excluding trusts)
- The regional operational safeguarding procedures are adhered to
- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records must be retained
- 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 knowledgeable about safeguarding and are aware of their obligations 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
- There are arrangements in place that highlight any Serious Adverse Incidents (SAI), Significant Event Analysis (SEA) reports and Early Alerts in line with the SPPG Procedure for the Reporting and Follow up

Indicator 3

There are systems in place to ensure that unnecessary risks to 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
- The agency must keep a record of any referrals made to the NMC
- 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)
- There is evidence in place that staff have completed appropriate Deprivation of Liberty Safeguards (DoLS) training and any other training deemed appropriate to their job roles. All staff have completed training at Level 2 and staff with overseeing responsibility at level 3 or above.

Indicator 4

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

Example of Evidence

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

The right care, at the right time in the right place with the best outcome.**Indicator 1**

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 with the Data Protection Act (DPA) and General Data Protection Regulations (GDPR)
- 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 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)
- 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)
- There is a policy and procedure on enteral feeding
- Staff are trained on enteral feeding, where applicable, and assessed as competent and capable. A record of training is to be retained
- Patients' care plans and risk assessments have been updated to reflect if enteral feeding is required (private patients)
- There is evidence of consultation with the dietician regarding enteral feeding (private patients)
- Staff are trained and deemed competent and capable if specialised equipment is required for patients. A record of training must be recorded and retained (private patients)
- There is robust managerial oversight of the risk assessment and care plan for patients who require the use of specialised equipment
- Staff must record what equipment is used if two or more types of equipment are in the patient's home
- There is a robust system to record any medication errors and the actions taken to prevent recurrence are recorded
- Staff are to be trained in administering medication and written records maintained
- The medication policy must include the use of oral syringes
- Staff are trained in Dysphagia/swallowing awareness and records of this training retained
- The care plan includes all relevant assessed risks and notes, when relevant, Dysphagia needs (private patients)
- The agency can demonstrate a good knowledge of patients' wishes, preferences and assessed needs as identified within the care plans and associated Speech and Language Therapy (SALT) dietary requirements
- The agency must ensure that a copy of the SALT assessment, including the recommendations, is contained in the patients' files
- 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 plans

Indicator 2

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.

Example of Evidence

- The agency has systems in place to seek, record, monitor and retain patients' 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 a policy and procedure on quality

assurance

- The registered person must ensure the quality of services is monitored and a report is prepared on a monthly basis
- The agency has put in place robust arrangements for identifying and managing service failures in a timely manner (private patients)
- The quality of service provided is evaluated on at least an annual basis and follow up action taken. Key stakeholders are involved in this process.

Indicator 3

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

Example of Evidence

- Patients and their representatives are aware of who to contact if they want advice or have any issues/concerns (private patients)
- 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)

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

Indicator 1

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 choice and control over all aspect of their planning (private patients).
- Consultation with (private) patients and staff demonstrates that those who use the service are treated with dignity and respect.

Indicator 2

Service users and where appropriate, patients and their representatives are listened to, valued and communicated with in an appropriate manner; their views and opinions 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 findings regarding service user/patient satisfaction surveys are summarized and included within the annual quality report; action plans should be developed to address any identified areas for improvement
- There are appropriate systems to ensure that nurses can report concerns they may have regarding a placement
- There are arrangements in place for promoting fairness and involving patients to make informed decisions about all aspects of their care (private patients).

There is 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 1

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

Examples of Evidence

- There are policies and procedures in place which are reviewed at least every three years
- Staff can easily access policies and procedures
- Governance arrangements effectively support the identification and management of risks
- A complaints policy and procedure is maintained in accordance with legislation, DHSSPS Standards and regional guidance
- There are arrangements in place to support patients to make a complaint
- Records are kept of all complaints and these include details of all communications with complainants, the result of the investigation, the outcome and the action taken
- Staff know how to receive and manage complaints
- Appropriate governance systems are in place to audit complaints, identify trends and learning and to enhance service provision
- There is an incident policy and procedure which details reporting arrangements to RQIA and other relevant agencies
- There is an accurate alphabetical index of service users, including the full name, address and telephone number of each of them; for private patients, a unique identifier should be assigned
- There is an accurate alphabetical index of nurses supplied or available for supply by the agency, including any unique identifier assigned to them; this should include the date the nurses were first supplied by the agency.

Indicator 3

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

Examples of Evidence

- Arrangements are in place for managing incidents/notifiable events
- Audits of incidents are undertaken and learning outcomes are identified and disseminated throughout the agency
- Arrangements are in place for staff supervision, appraisal and performance management
- There is evidence of a systematic approach to the review of available data and information, in order to make changes that improve quality.

Indicator 4

There is a clear organisational structure and all staff are aware of their role and 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 the responsibilities of all staff
- Nurses 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
- Nurses are made aware of the management structure within the agency and who to speak with if they want advice or have issues/concerns
- There are arrangements in place to ensure that staff behaviour and conduct is in accordance with organisational policies and procedures, HSC values, standards and legislation.

Indicator 5

There are effective working relationships with internal and external stakeholders.

Examples of Evidence

- There are collaborative working arrangements with external stakeholders e.g. HSC trusts, NMC
- Arrangements are in place for nurses to access their line manager
- Discussion with nurses confirms that there are good working relationships and that management are responsive to suggestions/concerns.
- There are arrangements in place to ensure that staff are registered as appropriate with the relevant regulatory body (NMC) and registration is maintained and reviewed by management.

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

RQIA, 1st Floor
James House
Gasworks
2 – 4 Cromac Avenue
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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