

**Monitoring Quality in a Nursing Agency: Guidance for Registered Providers**

**(Regulation 20 of the Nursing Agencies Regulations**

**(Northern Ireland) 2005)**

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**Who must visit the Nursing Agency?**

**Main points**

Registered providers are responsible for monitoring the quality of service provided in their agency.

Where the registered provider of a nursing agency, the Nursing Agencies Regulations require that the registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. The nature of the required monitoring is set out within paragraph 1.12 of the Minimum Standards for Nursing Agencies

In accordance with Regulation 20 of the Nursing Agencies Regulations (Northern Ireland) 2005, RQIA may request submission of any monitoring report compiled. The registered provider must retain a copy of the report for examination by the Regulation and Quality Improvement Authority (RQIA).

The registered provider must develop a system which includes a visit to the agency by or on behalf of the registered person by someone who is not the manager and who is not directly involved in the day to day running of the agency, to carry out the monthly visits and report on what they find. This individual is referred to as “the monitoring officer” in this document.

**How frequently must the registered provider/monitoring officer visit the domiciliary care agency?**

The visit by the or on behalf of the registered provider individual/monitoring officer must visit the agency once per month. Taking into account the nature of the service, the responsible individual should record within the report a clear rationale for whether each visit is carried out on an announced or unannounced basis. Standard 1.1.12

**What must the registered provider/monitoring officer do at the monitoring visit?**

 The visit provides an opportunity for the registered provider/monitoring officer to monitor the quality of the service being provided in their agency. They may wish to concentrate on aspects of the service that people using it have told them they need to improve. They should include all the issues requiring action in their quality improvement plan. The registered provider/monitoring officer should look at how they are promoting equality and meeting the diverse needs of the people using the service.

 They must interview, with consent and in private, a sample of: 

* + Users of the nursing agency
	+ Representatives of service users
	+ Staff working for the nursing agency
	+ Professionals who refer people to the nursing agency
	+ They should select a sample that will give a good overview of the experiences of people using and working in the agency with particular regard to their equality and diversity.
	+ They must inspect the agency’s record of accidents / incidents and records of any complaints.

**How must the registered provider/monitoring officer record their visit?**

The registered provider/monitoring officer must write a report about their visit. The report should reflect what they did and what they found out about the service being provided and report on what progress is being made on the agency’s improvement plan. The report should include a commentary on the experiences of people using and working in the agency. Any actions incorporated into an improvement plan should be clearly set out with associated timescales and actions allocated to the relevant staff member.

 The report is primarily a tool that the registered provider can use as part of their management of the quality of their service and will support their responsibilities to review the quality of care as detailed under Regulation 20 of The Nursing Agencies Regulations (Northern Ireland) 2005.

The form in Appendix 2 provides a suggested format for the report that the registered provider may wish to use. However, the registered provider may wish to develop their own format for the report that fits in with other aspects of their quality monitoring.

**What must they do with the report?**

* + The report helps the registered provider to monitor and improve the quality of their service in ways that matter to the people using it. Progress against any necessary actions identified in the course of one monitoring visit should be evaluated and recorded on subsequent monitoring visits.
	+ They must keep the report available for inspection by RQIA on file and provide the RQIA with a copy of this if requested.
	+ RQIA will use any submitted reports to monitor action against the registered provider’s quality improvement plan.
	+ If RQIA requires the registered provider to supply a copy of their monitoring report, RQIA will specify the form and manner of delivery. The registered provider may wish to consider sending the report by secure means if it contains any confidential, particularly private, personal information.
	+ The registered provider must also make the report available to:

The service’s registered manager and If the registered provider is an organisation, to each of the directors or other people responsible for the management of the organisation; or If the registered provider is a partnership, to each of the partners

**Expected outcomes**

* The registered provider can monitor the quality of the service provided in their domiciliary care agency.
* The registered provider can track progress between monitoring visits against any improvement actions specified following a monitoring visit.
* The registered provider will support the registered manager in making necessary improvements to the quality of the service.
* The views of service users, relatives and/or their representatives, staff and other stakeholders can be taken into account.
* Trend data on the number of incidents by type can be reviewed and any learning disseminated early to all staff.
* The number of complaints by type and action taken to resolve these will be reviewed and recorded.
* The agency will continuously improve the quality and standard of care provided.

**Appendix 1**

**Regulation 20 of The Nursing Agencies Regulations (Northern Ireland) 2005**

*20.— (1) the registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency.*

*(2) The registered person shall supply to the Regulation and Improvement Authority a report in respect of any review conducted by him for the purposes of paragraph (1) and shall make a copy of the report available upon request for inspection by service users and persons acting on behalf of service users.*

*(3) The system referred to in paragraph (1) shall provide for consultation with service users and persons acting on behalf of service users.*

*(4) The registered manager shall ensure that the agency delivers services effectively on a daily basis and reports as required to the registered person.*

*(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Quality Improvement Authority (RQIA) within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the RQIA.*

*(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.*

*(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.*

**Extract from Standard 1.12. The Nursing Agencies Minimum Standards, 2008**

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

***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 service and/or their representatives about the quality of care 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 the minimum standards.***

**APPENDIX 2**

**Report of registered provider/monitoring officer’s visit to their nursing agency:**

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| Name and address of the nursing agency |  |
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| Name of the registered provider and their position in the organisation |  |
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| Date and time of visit |  |
| Name and designation of the monitoring officerdesignation of the Monitoring offocerofficer |  |
| Was this visit announced or unannounced? |  |
| Name of person in charge of the agency during the monitoring visit |  |

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| **Actions from previous visit** | **Progress** |
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**Number of service users including:** **Nursing Home managers, HSCT contracts departments and patients as appropriate.**

Number of service users/patients consulted and summary of their views on the quality of care and support provided by the agency.

Number of staff interviewed and summary of their comments on the standard of care provided.

Number of referring professionals interviewed /consulted and a summary of their comments on the standard of care provided by the agency.

The number of accidents/incidents or other untoward events, including

restrictive interventions, restraint as defined the DHSS 2005 guidance on restraint.

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Have all accidents/incidents been reported to the RQIA, as appropriate?

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Key findings from looking at the records of complaints during this month including

updates on ongoing complaints

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**Recruitment checks**

Record the number recruitment files checked with staff unique identifier.

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|  Name | Date | Comments |
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**NMC Checks**

How many checks completed re staffs NMC status

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| **Name** | **NMC Number** | **Comments** |
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**Staff misconduct**

Record any incidents of staff misconduct with detail and outcomes.

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| **Name**  | **Incident** | **Outcome** | **Comment** |
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**Supervision/Appraisal**

Supervision/appraisal records are up to date and in line with agency policy? Record number of staff files reviewed.

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| **Name** | **Date** | **Supervision** | **Appraisal** |
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**Training**

Are all training records up to date and recorded appropriately? Have all staff undertaken dysphagia training and moving and handling training including the use of specific equipment? Record the number of training topics audited.

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| **Training topic** | **Date/s** | **Names of attendees** | **Comments** |
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Areas for improvement specified in the RQIA’s quality Improvement plans. **(QIP)**

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| **Areas for improvement**  | **Completion date** | **Progress** |
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Commentary on progress made on planned improvements.

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Other improvements planned as a result of observations during this monitoring visit.

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Other areas for audit during this monitoring visit.

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Action plan agreed as a result of this visit - by whom and timescale for completion.

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| **Action** | **By whom** | **Completion date** |
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| --- | --- |
| **Signed:** |  |
| **Designation:** |  |
| **Date completed:** |  |
| **Report reviewed by the** **Responsible individual** | **Date:****Signed:** |