A quality framework for nurse agencies

For use in self-evaluation, scrutiny, and improvement support

Our approach to inspections

Since 1 April 2018, the Health and Social Care Standards have been used across Scotland. They were developed by Scottish Government to describe what people should experience from a wide range of care and support services. They are relevant not just for individual care services, but across local partnerships. The Care Inspectorate's expectation is that they will be used in planning, commissioning, assessment and in delivering care and support.

We use these standards to inform the decisions we make about quality of care and support, and since their introduction we have been developing new approaches to scrutiny. This has been to ensure our inspections and other scrutiny work are strongly focused on assessing the extent to which people experience wellbeing, and on understanding the difference care and support makes to their lives.

Our approaches to scrutiny ensure there is an emphasis on experiences and outcomes; proportionate approaches in services that perform well; shorter inspection reports; and a focus on supporting improvement in quality. The core of this approach is a quality framework that sets out the elements that will help us answer key questions about the difference care is making to people and the quality and effectiveness of the things that contribute to those differences.

The primary purpose of a quality framework is to support services to evaluate their own performance. The same framework is then used by inspectors to provide independent assurance about the quality of care and support. By setting out what we expect to see in a high-quality service, we can also help support improvement. Using a framework in this way develops a shared understanding of what constitutes good care and support.

The quality framework also supports openness and transparency in the inspection process. In developing it, we have involved both people who experience or have experienced care and those who provide care and support. It is based on the approach used by the European Foundation for Quality Management (EQFM), specifically the EFQM Excellence Model, which is a quality tool widely used across sectors and countries. We have adapted the model for use in care settings and have used the Health and Social Care Standards to illustrate the quality we expect to see.

Our frameworks are tested and evaluated to hear the views of people experiencing care, their carers and care providers. They are also kept under review to ensure they reflect any changes in the wider social care landscape. All of this helps us refine our frameworks and the way we use them.

How is the framework structured?

The quality framework is framed around two key questions.

- How well do we support people's wellbeing?
- How good is our leadership and staffing?

Under each key question, there are up to three **quality indicators**. These have been developed to help answer the key questions. Each quality indicator has **key areas**, short bullet points which make clear the areas of practice covered by it.

Under each quality indicator, we have provided **quality illustrations** of these key areas at two levels on the six point scale that we use in inspections. The illustrations are the link to the Health and Social Care Standards and are drawn from the expectations set out in these. They are also aligned to the appropriate legislation and relevant national good practice. They describe what we may expect to see in a care service that is operating at a 'very good' level of quality, and what we might see in a service that is operating at a 'weak' level of quality. These illustrations are not a definitive description of care and support provision but are designed to help care and support services and inspectors evaluate the quality indicators using the framework.

The final key question is:

- What is our overall capacity for improvement?

This requires a global judgement based on evidence and evaluations from all other key areas. The judgement is a forward-looking assessment, but also takes account of contextual factors which might influence the capacity of an organisation to improve the quality of services in the future. Such factors might include changes of senior staff, plans to restructure, or significant changes in funding. We think this an important question to ask as part of a self-evaluation of care.

You should carefully consider the **aims and objectives** of your service when looking at the quality illustrations and evaluating it using the quality indicators and key questions.

In each quality indicator, we have included a **scrutiny and improvement toolbox**. This includes examples of the scrutiny actions that the Care Inspectorate may use in evidencing the quality of provision. It also contains links to key practice documents that we think will help care services in their own improvement journey.

How will this quality framework be used on inspections?

Our inspectors will look at either a selection or all of the quality indicators, based on the aims and objectives of the service. Which, and how many quality indicators, will depend on the type of inspection, the quality of the service, the intelligence we hold about the service, and risk factors that we may identify. We will use the quality illustrations, which are based on the Health and Social Care Standards, in our professional evaluations about the care and support we see.

We will provide an overall evaluation for each of the key questions we inspect, using the six point scale from unsatisfactory (1) to excellent (6). This will be derived from the specific quality indicators that we inspect. Where we inspect one quality indicator per key question, the evaluation for that quality indicator will be the evaluation for the key question. Where we inspect more than one quality indicator per key question, the overall evaluation for the key question will be the lower of the quality indicators for that specific key question.

In addition to the evaluating key questions, there are some things we will always look at on our inspections. This is because we know that these key areas are essential to a service being safe. We call these 'core assurances' and further information about these are set out on

How will you use the six-point scale?

The six-point scale is used when evaluating the quality of performance across quality indicators.

6	Excellent	Outstanding or sector leading
5	Very Good	Major strengths
4	Good	Important strengths, with some areas for improvement
3	Adequate	Strengths just outweigh weaknesses
2	Weak	Important weaknesses – priority action required
1	Unsatisfactory	Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance which is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected, and their wellbeing improves without delay.

How can this quality framework be used by care services?

The framework is primarily designed to support care services in self-evaluation. Self-evaluation is a core part of assuring quality and supporting improvement. The process of self-evaluation, as part of a wider quality assurance approach, requires a cycle of activity based round answering three questions:

- **How are we doing?**

This is the key to knowing whether you are doing the right things and that, as result, people are experiencing high quality, safe and compassionate care and support that meets their needs, rights and choices.

- **How do we know?**

Answering the question 'how we are doing?' must be done based on robust evidence. The quality indicators in this document, along with the views of people experiencing care and support, and their carers, can help you to evaluate how you are doing. You should also take into account performance data collected nationally or by your service.

- **What are we going to do now?**

Understanding how well your service is performing should help you see what is working well and what needs to be improved. From that, you should be able to develop plans for improvement based on effective practice, guidance, research, testing, and available improvement support.

Using this quality framework can help provide an effective structure around self-evaluation. To help you with this, we have also developed a self-evaluation tool with guidance that you can use alongside this framework to support improvement. You will find the tool and guidance on our website here. The diagram below summarises the approach:

How are we doing?	How do we know?

- How well do we support people's wellbeing?
- How good is our leadership and staffing?

What are we going to do now?

Irrespective of our role as the national scrutiny and improvement body, care providers will want to satisfy themselves, their stakeholders, funders, boards and committees that they are providing high quality services. We believe this quality framework is a helpful way of supporting care and support services to assess their performance and make improvements as part their own quality assurance. We are promoting this approach as we believe it adds value and we consider it important that care and support providers do not take actions merely to satisfy the inspection process.

The quality indicator framework – nurse agencies

Key question 1: How well do we support people's wellbeing?	Key question 2: How good is our leadership and staffing?
1.1. People's rights are promoted and respected	2.1. Safer recruitment principles, vision and values positively inform practice
1.2. People's health and wellbeing benefits from their care and support	2.2. Quality assurance and improvement is led well
	2.3. Staff have the right skills and are confident and competent.

Key question 6: What is the overall capacity for improvement?

Nurse agencies

This registration category covers agencies providing nursing staff.

The Public Service Reform (Scotland) Act 2010 defines a nurse agency as "a service which consists of or includes supplying, or introducing to persons who use the service, registered nurses, registered midwives or registered health visitors; but a service may be excepted from this definition by regulations".

In order to identify outcomes that are relevant to the service, you should consider the aims and objectives of the service when looking at the quality illustrations and evaluating it using the quality indicators and key questions. For example, where the agency acts only to supply or introduce nurses to an employer and there is no ongoing relationship, some of the quality illustrations will not apply as it is not within the remit of the service.

Where we refer to people or people who use services, this includes adults, children and families who may directly receive care and support, as well as managers, individuals or organisations (customers/clients) purchasing the resources the service (agency) offers.

Core Assurances (checklist)

Experience has taught us that when things go wrong in care services, they often relate to key areas. Theory and inquiries into when care goes wrong has highlighted the areas that are important to monitor because these can be identified as early indicators of concern to people using services (Scottish Government 2014, Hull University 2012, Francis Report 2013, Wardhaugh and Wilding 1993). These are the key areas considered during the registration process, and policies and procedures relating to them must be in place before a service is registered. Because we know, and research tells us, that these key areas are essential to a service being safe, we have called them "core assurances".

This checklist of core assurances highlights what inspectors must look at on inspection. They help guide providers on the areas that are important to people's safety and wellbeing. The core assurances span the entire framework, covering elements of several different quality indicators. If we have any concerns arising from our assessment of a particular core assurance, we may decide to focus in on a specific quality indicator in more detail.

In making our evaluations of the core assurances and across the quality framework we will always speak to people who use the service and staff.

General
☐ A registration certificate is on display and contains accurate information that reflects the service currently being delivered.
☐ A valid insurance certificate is on display.
☐ There is a written statement of the aims and objectives that accurately describes the conditions of registration and the services that are offered.

Protection
☐ There are child and adult protections policies and procedures that evidences how people are kept safe.
☐ Staff are trained in child and adult protection and are confident in knowing when and how to make referrals, including notifying the Care Inspectorate.
☐ Where required, there is evidence that appropriate protection referrals have been made and followed up.

Infection prevention and control (IPC)
☐ All staff (both agency staff and nurses they employ) are trained in and can demonstrate they understand and apply the principles of IPC in line with their role.
☐ There is a nominated lead person who has responsibility for IPC.

☐ The Service has governance and quality assurance processes in place for IPC.

☐ Leaders ensure that staff have access to appropriate resources to protect themselves and reduce the transmission of infectious diseases.

Medication system and records

☐ People are protected by safe medication management policies and practices.

☐ Legislation and good practice guidance are followed when supporting people to take medication who do not have capacity, where medication is given covertly and when 'as required' medication is prescribed.

☐ Where there are medication errors the agency makes appropriate notifications and learns from these to improve medication practice.

Accident/incident records

☐ A record of all accidents and incidents involving the agency nurse are maintained and, where required, notified to the Care Inspectorate and/or the appropriate agency/authority. There are quality assurance processes around accident and incidents and evidence of learning from these.

Development/Improvement plan

☐ There is an up-to-date development/improvement plan in place that is informed by feedback from services where the agency nurse is deployed, people who use the service, and/or their relatives. This plan is actively used to drive improvement in the service.

Complaints

☐ The complaints and concerns of each service, person, their family, advocate or representative are listened to and acted upon and there is an effective appeals procedure.

☐ People are made aware promptly of the outcome of any complaints and there are processes in place to implement learning from complaints. A record is made of all complaints, responses and outcomes and details of any formal investigations undertaken.

☐ The complaints process is user-friendly and accessible.

Staff recruitment procedures

☐ Safe and effective recruitment practices are in place to recruit nurses in accordance with good practice and national safer recruitment guidance.

Quality of information

☐ The service agreement is based on an ongoing comprehensive assessment of individual and service (customer) needs.

☐ People using the agency are actively involved in the development and review of service agreements.

Planned care and support

☐ People using the agency are actively involved in the development and review of their personal plan.

☐ Personal plans are accessible to people and the nurses providing their care and support, ensuring their needs and wishes are met.

Management oversight and governance

☐ There are governance and oversight systems in place to identify risks and ensure appropriate action is taken to improve outcomes for people using the service. These include leaders' behaviours which create the right environment for safe quality care.

Key question 1: How well do we support people's wellbeing?

This key question has three quality indicators associated with it. They are:

1.1 People's rights are promoted and respected

1.2 People's health and wellbeing benefits from their care and support.

Quality indicator 1.1: People's rights are promoted and respected

Key areas include the extent to which people experience:
- positive interactions underpinned with warmth, dignity and compassion
- practice which promotes and respects people's human rights.

And the extent to which people or organisations:
- are fully consulted and have comprehensive and well-planned agreements about the service to be provided
- are informed about the service and have opportunities for meaningful engagement and participation.

Quality illustrations

Very good	Weak
People experience care and support with compassion because there are warm, encouraging, positive interactions between staff and people experiencing care and support. People are enabled to experience care and support that promotes their identity, independence, dignity, privacy and choice. This is because staff are sensitive to people's needs and wishes, understanding the importance of finding out about people's strengths (assets), preferences and support requirements when working with them.	People are not supported in a way that reflects their strengths and support requirements. Staff do not understand people's needs or they have not been provided with sufficient, up to date information. Nurses are not punctual, and care and support is rushed. Staff interact with people in ways that are impersonal or abrupt. Support is delivered by nurses who do not know people's needs and outcomes.
People feel respected and listened to because their wishes and preferences are used to shape how they are supported. Where people's independence, choice and control are restricted, nurses are informed about this and any legal arrangements that are in place. This is to ensure that restrictions are kept to a minimum and carried out sensitively. People's human rights are respected and promoted. They are always treated as unique individuals where staff actively challenge any form of discrimination.	Staff do not know about the Health and Social Care Standards, or they are not clear about how the principles should inform their practice. People may experience stigma, feeling they are judged or not valued because of their circumstances. There is a lack of recognition of people's interests, culture or past including sexuality, gender identity, spirituality or important relationships. There is little acknowledgement of the importance of this for each person. People feel their home and home life is not valued or respected because the

People's wellbeing and sense of worth is enhanced by staff who are knowledgeable about and value diversity. All staff have a clear understanding of their responsibilities to protect people from harm, neglect, abuse, bullying and exploitation. Training, policies and procedures enable staff to work confidently within the parameters of legislation and good practice guidance about public protection. People are confident that if they identify concerns, the culture within the service ensures they are responded to appropriately.	agency doesn't support staff to understand the importance of individual detail and preferences in relation to people's privacy or dignity. Staff are unclear about the purpose of obtaining informed consent, or do not actively seek consent from people or their representatives. Staff are not clear about their role or accountability in identifying and reporting concerns about people's safety and wellbeing. Poor communication means that information often gets lost or is not shared appropriately or at the right time. Appropriate assessments, supports or referrals may not be made.
People or organisations benefit from a comprehensive, accessible and clear service agreement. This sets out what they, as an individual or organisation, can expect from the agency and their support, including how individual outcomes or service requirements will be met. Comprehensive assessment of individual needs, or the needs of an organisation, are undertaken before service agreements are agreed to ensure that the agency is able to fully meet the needs of those who commission their service. When an individual cannot fully express their wishes and preferences, individuals who are important to them, or have legal authority, are involved in shaping and directing the service agreement. Advocacy support has been sought where appropriate to help people navigate the system, express their views and articulate their concerns or questions.	People or organisations who engage the agency are not given the opportunity to be fully involved in developing the service agreement or any reviews of this. The agency works to a prescribed model which does not recognise the individual needs and wishes of people. People or organisations who engage the agency are unclear about contingency planning. There is insufficient information about what will happen if an unexpected event prevents care and support being delivered. Poor communication and information sharing when setting up service agreements results in potential poor outcomes for people experiencing the service. Information gathered by the agency about the requirements of the individual or organisation is not sufficient to ensure that the suitably qualified and experienced nurses are deployed to the role.

People or organisations are well informed about the service they are purchasing as there is a comprehensive information pack available in a range of accessible formats. This includes details of the agency, it's aims and objectives, information on how it monitors quality and how people can raise concerns, make comments, suggestions and complaints.

People or organisations have the right information to make an informed decision about using the agency. Information is up to date and reliable, and in a format and language that is easily understood.

People are fully consulted, and their views and preferences are taken into account when matching nurses to roles, individuals or organisations.

People and organisations feel that the agency values their views and feedback and actively encourages these. The service provides regular opportunities for meaningful feedback on individual staff and the service.

People feel that they have a voice as the agency is responsive to comments and feedback. The agency engages positively with people to resolve any issues and use learning from these to make improvements to the service they provide.

People are not supported to fully understand information about the agency and the service they provide. Information is not available in an accessible format.

People are not well informed about the service. Information provided is not always up to date or accurate. This includes key information relating to the agency's registration.

People's views and preferences are not actively sought when planning and delivering their service. Care and support are delivered with little regard for individual needs and wishes.

There are limited opportunities for those using the agency to provide feedback on the staff or service overall. People feel their views are not encouraged or valued as there are limited ways for them to provide feedback.

Scrutiny Improvement and support toolbox
Key improvement resources
The health and social care standards: https://www.gov.scot/publications/health-social-care-standards-support-life/
Mental Welfare Commission resources: www.mwcscot.org.uk/publications/good-practice-guides
Information from the Scottish Human Rights Commission: www.scottishhumanrights.com
Equality and human rights commission https://www.equalityhumanrights.com/en/our-work/human-rights-scotland

When published there will just be a live link here to our HUB where these resources will be stored and kept up to date.

Scrutiny and improvement support actions

Discussions with/ feedback from:
- People experiencing direct care and support
- People using the agency (care home managers, team leaders, nursing staff, commissioners)
- Nurses working for the agency
- Staff working in the agency (office staff)
- Registered manager for the agency

Sampling of:
- policies / procedures and practice for restriction of freedom
- Duty of Candour records
- Equality and diversity policies and procedures
- Participation/involvement strategy
- Feedback documents from those using the service
- the adult protection procedure, training, knowledge and referrals made
- information – this may be online from websites and social media as well as paper-based leaflets (information should be available for use by organisations that pay for the service or the individual who pays for the service)
- Introductory packs
- service agreements / assessment and placement protocols
- Personal plans
- Assessment and review information

Consideration of:
- what information the service provides about any limitations or restrictions on choice as a result of using the service – in admission or welcome documents
- how communication support tools are used in gathering people's views and decision-making
- how policies, procedures and practice ensure that people are not subject to discrimination based on protected characteristics, including disability, gender, age, sexuality.
- How the agency actively seeks feedback from people on the quality of their experiences
- How the agency ensures the rights of those using the service are being met?
- The management of protection concerns
- the formats that information is available, how accessible is it? does it meet a range of needs?

Quality indicator 1.2: People's health and wellbeing benefits from their care and support

Key areas include the extent to which people:
- experience care and support based on relevant evidence, guidance, best practice and standards
- receive healthcare from professionals who are skilled, knowledgeable, and well matched to people's needs
- experience safe infection prevention and control practice and procedure
- * benefit from comprehensive and regularly updated personal plans which reflect people's needs, outcomes and wishes *

Quality illustrations	
Very good	**Weak**
People's wellbeing benefits from an approach that enables a healthy attitude to food and drink. Staff share information appropriately when they observe changes in people's eating and drinking. Both the agency and their staff are confident in applying the principles of the Health and Social Care Standards in their day-to-day practice. Staff in the Nurse agency understand their role in supporting people's access to healthcare and addressing health inequalities, even where the role of the agency in this is minor. Nurses recognise changing health needs and share this information quickly with the right people.	People may not always receive the right medication or treatment at the right time, with the potential to affect their physical and emotional wellbeing. People's wellbeing may be compromised because rigorous processes are not in place to support effective communication about changes to people's wellbeing. This includes poor record keeping practice and where more than one organisation is providing care and support. Safety and continuity of care are supported by effective record keeping. Staff are clear about their responsibilities for maintaining records that are of a consistently high standard and informed by rights, values, principles and codes of practice.
People's health and wellbeing are promoted as there is a clear link between the needs of those being supported and the skills and experience of the nurse recruited to the role. The agency is proactive in assuring its matching process include feedback from those using the service and the nurses deployed.	When matching staff to work with individuals or in a service, limited importance is placed on consistency of staff or staff skills and experience. Staff may lack the experience, skills or understanding about supporting specific elements of people's physical and

The agency provides nurses with up to date customer profiles to support accurate matching of staff to services. People know who will be providing their support. There is an opportunity to meet or learn about potential agency staff. Staff are closely matched and have the skills and qualities to ensure people get the most out of their support.	emotional wellbeing, so opportunities to improve people's health are missed. People's health and wellbeing is compromised as the person responsible for placing nurses in the agency is not a registered nurse with the relevant skills and experience to identify and confirm nurses' scope and areas of practice and relevant competencies for assignments.

* Where people are supported in their own homes or the agency is responsible for personal planning *

People get the most out their support through the implementation of high quality, SMART, personal plans which are underpinned by robust assessments. People are meaningfully involved in planned reviews of the service to ensure their needs are fully met. The service is highly flexible and adapts to ensure people get the support that is right for them. Risk assessments and safety plans are used to enable people rather than restrict or limit people's actions or activities. Supporting legal documentation is in place to ensure this is done in a way which protects and upholds people's rights. People are fully involved in decisions about their current and future health support needs. Their views in relation to future planning are recorded and fully inform the support they receive. This may involve the use of anticipatory (advanced) care planning.	Personal plans do not reflect what matters to people, their individuals needs or outcomes. They do not reflect people's changing circumstances and are not routinely used to inform staff practice and approaches to care and support. There may not be a copy of the plan in the person's home, or plans do not reflect the care and support people experience. People may not know whether they have a personal plan, or it may be in a format that is not accessible to them. People, or their representatives, have limited or no involvement in the assessment and review processes. Staff are unclear about the support that is required or how to provide it in line with the individual's needs and wishes or use the personal plan to enhance the care provided and their interactions.
People are safe and protected because leaders are proactive in ensuring that systems, processes and resources are in place to support infection prevention and control and are responsive to potential	People are not protected from the spread of infection because staff are not familiar with, or do not follow, the principles of IPC contained in the Care Home IPC Manual (The Manual) and other good practice

outbreaks of infection.

All staff are well trained and able to recognise and respond to suspected or confirmed cases of infectious diseases including following local reporting procedures.

People using the service have confidence in the leadership of the service and the protective measures that have been introduced to reduce the risks associated with outbreaks of infectious diseases.

In accordance with principles of practice for nurse agencies, all steps have been taken to prevent the avoidable spread of infection. There are good systems in place to ensure that deployment of nurses is tracked and any outbreaks of infectious diseases where nurses are deployed is monitored and communicated.

guidance about infection prevention and control published by ARHAI, Public Health Scotland or the Scottish Government.

Staff lack understanding about symptoms and the potential for atypical symptoms in common transmissible infections, for example Covid-19. Staff do not escalate concerns, particularly when people are older or frail, and they do not seek clinical advice.

Staff have limited understanding of when and how they should use PPE and do not recognise other infection prevention and control precautions (including handwashing and social distancing). This is because training has been insufficient to enable staff to feel confident about the correct infection control measures.

Staff do not have ready access to the appropriate equipment and resources including personal protective equipment (PPE), due to poor planning, storage or distribution of supplies.

Scrutiny Improvement and support toolbox
Key improvement resources
When published there will just be a live link here to our HUB where these resources will be stored and kept up to date. Essentials of safe care https://ihub.scot/improvement-programmes/scottish-patient-safety-programme-spsp/essentials-of-safe-care/ Raising concerns: Guidance for nurses, midwives and nursing associates - The Nursing and Midwifery Council (nmc.org.uk) Notifications about controlled drugs: guidance for providers, 2015 hub.careinspectorate.com/media/1566/notifications-about-controlled-drugs-guidance-for-providers.pdf Dementia learning and promoting excellence https://www.gov.scot/publications/promoting-excellence-2021-framework-health-social-services-staff-working-people-dementia-families-carers/ National infection prevention and control manual

HPS Website - Guidance (scot.nhs.uk) https://www.nipcm.hps.scot.nhs.uk/about-the-manual/

Principles for nurse agencies
https://www.careinspectorate.com/images/documents/coronavirus/Pandemic_Response_Adult_Social_Care_-COVID-19_-Guidance_for_Deployment_of_Agency_Staff_-11-02-2021.pdf
The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council (nmc.org.uk)

Resources on the management of medication
https://www.rcn.org.uk/clinical-topics/medicines-management
https://hub.careinspectorate.com/resources/browse-all-resources/professional-guidance-on-the-safe-and-secure-handling-of-medicines/
https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567

https://www.nice.org.uk/Guidance/SC1
https://hub.careinspectorate.com/media/1595/prompt-assist-administer-medication-in-a-care-setting-guidance.pdf

Covid 19 compendium
https://publichealthscotland.scot/media/9938/covid-19-compendium.pdf

The keys to life: http://keystolife.info/

Autism strategy for Scotland:
http://www.autismstrategyscotland.org.uk/

HIS guidance on anticipatory care planning: https://ihub.scot/anticipatory-care-planning-toolkit/

Scrutiny and improvement support actions

Discussions with/ feedback from:
    ▪ People experiencing direct care and support
    ▪ People using the agency (care home managers, team leaders, nursing staff, commissioners)
    ▪ Nurses working for the agency
    ▪ Staff working in the agency (office staff)
    ▪ Registered manager for the agency
    ▪ other professionals who provide support to the home, agency or individual.

Sampling of:

- Assessment tools used to identify / monitor health needs
- Personal plans, care records and risk assessments relating to health and wellbeing
- Medication policies and procedures
- Staff matching policy
- Policies and procedures relating to the outbreak of infectious diseases, including testing and isolating arrangements.
- Infection prevention and control (IPC) policies and procedures
- IPC training records
- service agreements / assessment and placement protocols
- Personal plans
- Assessment and review information
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Consideration of:

- Is the quality of assessment undertaken appropriate to determine the skills and experience of the nurse required for the role?
- How are staff matched to people/roles?
- Staff knowledge of infection prevention and control standards relative to their role
- Staff access to IPC resources (PPE, training, testing)
- How the agency is ensuring cross infection is minimized across settings where nurses are deployed
- how care and support plans are informing care and reflect people's needs and outcomes
- How are people informed about their rights and the responsibilities of the agency prior to them signing an agreement?
- How individual or service needs are assessed

Key question 2: How good is our leadership and staffing?

This key question has three quality indicators associated with it. They are:

2.1 Safer recruitment principles, vision and values positively inform practice

2.2 Quality assurance and improvement is led well

2.3 Staff have the right skills and are confident and competent

Quality indicator 2.1: Safer recruitment principles, vision and values positively inform practice

Key areas include the extent to which:
- aims and objectives are clear and inform practice
- Staff are well recruited

Quality illustrations	
Very good	**Weak**
People benefit from a clear vision that promotes equality and inclusion for all. Leader's vision and values are underpinned by human rights, and they actively seek to achieve the best possible outcomes for people. The agency's aims and objectives are regularly reviewed and reflect the meaningful involvement of people who use the service and other stakeholders. Leaders and staff recognise the importance of an individual's human rights and choices, and embrace the vision, values and aims of the service to support these being met. Leaders recognise the importance of sharing ideas in a relaxed and supportive environment. They use successes to act as a catalyst to implement further improvements in the quality and outcomes for individuals. The aims and objectives of the service are clearly defined and reflected in the day-to-day workings of the agency and its corporate policy and procedures manual. This ensures those using the service have clear expectations of the boundaries of what the service is able to offer. Positive relationships between those using the service, the nurse and the agency are supported to ensure that people are getting the right service for them. There is an ethos of mutual respect, open communication and effective policies, procedures and guidance.	The vision is unclear; it lacks clarity, collective ownership and does not focus sufficiently on improving outcomes. There is no, or limited, evidence that equality and inclusion are embedded either within policies, procedures and plans or from feedback on staff practice. Staff's awareness or knowledge of the vision, values and aims are minimal and do not inform practice. People using their service, their relatives and staff do not have confidence in leaders. Leaders are not well known to staff or people who use the service. Their leadership may lack energy, visibility and effectiveness. Equality and inclusion are not embedded within policies, procedures and plans.

People can be confident that staff are recruited in a way that has been informed by all aspects of safer recruitment guidance, including a strong emphasis on values-based recruitment underpinned by human rights. The process of recruitment is well organised and documented so that core elements of the procedure are followed consistently. Staff do not start work until all pre-employment checks have been concluded and relevant mandatory induction and training has been completed to ensure people are kept safe. A range of supports are in place to encourage staff retention. People using the service have their needs met and are kept safe as all placement decisions are made by a suitably qualified and experienced nurse. This supports an understanding of the setting and competencies required to provide high quality care in the roles being recruited to.	People may be placed at risk because the agency does not give enough priority to ensuring that safer recruitment practices are always followed. Key elements of safer recruitment processes may be ignored, for example exploring gaps in employment records or checking that references come from a previous employer. Even where good recruitment policies are written, they may not be implemented consistently, for example only one reference is obtained and staff start to work alone before their membership of the Protection of Vulnerable Groups scheme has been confirmed. Assessment and placement protocols are not sufficient to effectively inform recruitment or placement of nurses. They do not consider the care setting or any specific factors that may inform appropriate staff matching. Appropriate checks have not been made to ensure that nurses are registered on the appropriate part of the register for the role they are to undertake.

Scrutiny Improvement and support toolbox
Key improvement resources
When published there will just be a live link here to our HUB where these resources will be stored and kept up to date. Guidance for providers and applicants on aims and objectives: www.careinspectorate.com/images/documents/5467/Guidance%20for%20providers%20and%20applicants%20on%20aims%20and%20objectives.pdf TURAS Leadership and Management Programmes https://learn.nes.nhs.scot/18217/leadership-and-management-programmes Code of practice for international recruitment

https://www.nhsemployers.org/articles/code-practice-international-recruitment

Values based recruitment
https://www.nhsemployers.org/articles/values-based-recruitment

Scrutiny and improvement support actions

Discussions with/ feedback from:
- People experiencing direct care and support
- People using the agency (care home managers, team leaders, nursing staff, commissioners)
- Nurses working for the agency
- Staff working in the agency (office staff)
- Registered manager for the agency

Sampling of:
- Aims and objectives
- Service agreements / assessment and placement protocols
- recruitment policy and procedure
- staff job descriptions
- relevant HR or personnel files (recruitment records)
- how fitness checks are undertaken
- interview records

Consideration of:
- the analysis of staff skills required to match the needs of those using the service
- How those using the service, can be involved or input into in the recruitment process
- The services aims and objectives and how these inform practice

Quality indicator 2.2: Quality assurance and improvement is led well

Key areas include the extent to which:
- quality assurance, including self-evaluation and improvement plans, drive change and improvement where necessary
- leaders are responsive to feedback and use learning to improve
- effective governance provides assurances that the agency is well led.

Quality illustrations

Very good	Weak
Leaders are proactive in regularly evaluating both Nurses practice and people's experiences. This is to ensure that, as far as possible, people are getting the right service for them and are provided with high quality staff and support that meets their needs Leaders empower others to become involved in comprehensive quality assurance systems and activities, including self-evaluation, promoting responsibility and accountability. This leads to the development of an ongoing, and responsive improvement plan that details the future direction of the agency. This is well managed and includes robust systems to measure and monitor outcomes data including risk, adverse incidents and escalation procedures. The agency has effective systems in place to maintain oversight of nurse's professional registrations. They ensure timely and appropriate arrangements are in place to support nurse's revalidation, especially where this is being countersigned outwith the agency.	There are some systems in place to monitor aspects of the service however, there is confusion and a lack of clarity regarding roles and responsibilities. Quality assurance processes, including self-evaluation and improvement plans, are largely ineffective. The approaches taken are not sufficiently detailed to demonstrate the impact of any planned improvement. There is little effective evaluation of people's experiences of using the agency, either as a nurse or a customer. The agency does not understand or carry out its responsibilities in regard to making appropriate notifications to the Care Inspectorate or other relevant bodies, including accident, incidents, investigations of staff misconduct and protection concerns.
People using the agency are supported to understand the standards they should expect and are actively encouraged to be involved in evaluating the quality of the service provided. People are confident giving feedback and raising any concerns because they know	Leaders do not use success as a catalyst to implement further improvements. They may fail to motivate staff, people using the service and others to participate in robust quality assurance processes and systems. The lack of information regarding the rationale and

leaders will act quickly and use the information to help improve the service. Where things go wrong with an aspect of the service or a person's support or their human rights are not respected, leaders offer a genuine apology and take action to learn from mistakes. Learning from complaints is central to quality assurance processes and fully inform the dynamic approach to quality improvement in all areas.	need for improvement may inhibit change. Changes are forced by responding to crisis rather than through effective quality assurance and self-evaluation. People are either unclear how to raise concerns or make a complaint, or do not feel supported to do so. Lessons learned from complaints and feedback may not drive meaningful change. Where things do go wrong, leaders may be defensive and unwilling to learn from mistakes. Leaders do not understand or carry out their responsibilities under Duty of Candour legislation. The agency does not understand its responsibility to make appropriate professional regulatory referrals should it become aware of any practice issues involving any nurse it introduced even if the nurse no longer remains on their books.
Leaders demonstrate a clear understanding about what is working well and what improvements are needed. They ensure that the outcomes and wishes of people who are using the service are the primary drivers for change. Leaders at all levels have a robust and clear understanding of their role in monitoring practice and identifying, directing and supporting improvement activities. There are clear systems for monitoring standards of care including clinical and care governance. The pace of change reflects the priority of the improvements needed.	There is insufficient capacity and skill to support improvement activities effectively and to embed changes in practice or the pace of change may be too slow. Oversight and audits of key functions are not in place or gather superficial data. Leaders are not proactive at ensuring quality care is in place.

Scrutiny improvement and support toolbox
Key improvement resources
When published there will just be a live link here to our HUB where these resources will be stored and kept up to date. Managing concerns and making referrals (NMC) https://www.nmc.org.uk/employer-resource/ Healthy workplace toolkit for nurse agencies https://www.rcn.org.uk/professional-development/publications/pub-006120
Scrutiny and improvement support actions

Discussions with/ feedback from:
   ▪ People experiencing direct care and support
   ▪ People using the agency (care home managers, team leaders, nursing staff, commissioners)
   ▪ Nurses working for the agency
   ▪ Staff working in the agency (office staff)
   ▪ Registered manager for the agency
Sampling of:
   ▪ Policies and procedures
   ▪ minutes of meetings and action plans for people, staff and relatives
   ▪ complaint and concerns records, audits and outcomes
   ▪ accident/incident records, audits and outcomes
   ▪ Manager's overview of training, supervision, SSSC registration
 	
Consideration of:
   ▪ Quality assurance and oversight of relevant policies, procedures, records and outcomes – for example, medication, support plans, the environment
   ▪ how the improvement plans are developed, updated and shared
   ▪ how the service gathers feedback and action take, including how this is built into induction and supervision
   ▪ Analysis / evaluations from participation methods/ activities

Quality indicator 2.3 Staff have the right skills and are confident and competent.

Key areas include the extent to which:
- staff are well supported, confident and competent in their roles
- Staff have the right knowledge, development to care for and support people.

Quality illustrations	
Very good	**Weak**
Learning is shared, including when things go wrong. In the spirit of genuine partnership, all relevant plans, policies and procedures reflect a supportive and inclusive approach. Staff are clear about their roles and responsibilities. They have access to clear policies and procedures relevant to their role, and a named member of staff for support. Staff are clear about their conditions of employment and the arrangements for ongoing clinical supervision, support and governance. There is additional contact following the first few shifts with both nurses and those using the service. This process allows for feedback and to implement any changes that will ensure people get the best possible care and support. Staff feel confident and supported as there is an identified point of contact with a registered nurse at all times and clear processes in place for responding to incidents, reporting concerns and seeking guidance.	Where improvements are needed, there is limited innovative thinking and staff do not feel confident in contributing to or implementing improvement. Staff may not think creatively about how to change practice in order to support people to meet their outcomes and they may be unable or unwilling to tailor care and support for individuals. Leaders do not seek feedback from people using the agency or staff on new placements/roles. Staff do not feel supported as there is no registered nurse on call to provide guidance and support when they are on shift. There are no local management or governance arrangements. Leaders do not review the experiences of nurses who leave the agency and so are unable to take any learning from this.
People are confident that staff have the necessary skills and competence to support them. There is a clear structure of learning for each role within the service. This includes values, the Health and Social Care Standards and any applicable codes of practice and conduct, as well as specific areas of practice. There are robust systems for recording the specific qualifications, skills and experience of each nurse. This includes information to	The agency does not ensure that all nurses placed by them are registered with the Nursing and Midwifery Council and on the relevant parts of the register in respect of the work they are carrying out. Nurses are not appropriately registered or do not fully understand their responsibilities for continuous

support matching of nurses to roles they have the relevant competencies to undertake and systems to highlight where there are gaps in training or refreshers are due.

The induction is thorough and has been developed to enable staff to support the needs and outcomes of people in the particular setting. This includes an emphasis on implementing the Health and Social Care Standards as underpinning values for all care and support. There is a clear plan as to what is included and how this will be delivered with sufficient time to ensure that staff can understand all the information and what is expected of them.

Staff are confident about how to access training, what the requirements are for their roles and where to find best practice guidance, policies and procedures. They are aware of their responsibilities for continuous professional development to meet any registration requirements. An overview of this is and the nurses practice is maintained by the agency to ensure they provide appropriately registered and high-quality nurses.

The views of people who use the service are used to give staff feedback and are included in supervision.

professional development or how they can fulfil this.

Staff start work before they have sufficient knowledge and skills. The systems for ensuring staff have the required competencies to match those necessary for the role are unreliable. Arrangements for assessing ongoing competence are sporadic.

There is no effective training needs analysis for the service or individual staff. The training plan and records are incomplete or held in a format that does not allow the identification of priorities. There is little mention of values or codes of practice and their importance in informing good care and support.

There is little access to good practice guidance or opportunity for further discussions to ensure knowledge is consolidated and embedded into practice.

Clinical supervision may not take place or is so limited that there is no opportunity to reflect on skills, knowledge and learning. Where learning needs are identified, the systems for ensuring that these are met are insufficiently robust, resulting in gaps in knowledge remaining unfilled.

Scrutiny Improvement and support toolbox
Key improvement resources
When published there will just be a live link here to our HUB where these resources will be stored and kept up to date. NMC code of practice https://www.nmc.org.uk/standards/code/read-the-code-online/ Advice for agency workers (including training and revalidation information) https://www.rcn.org.uk/get-help/rcn-advice/agency-workers
Scrutiny and improvement support actions

Discussions with/ feedback from:
    ▪   People experiencing direct care and support
    ▪   People using the agency (care home managers, team leaders, nursing staff, commissioners)
    ▪   Nurses working for the agency
    ▪   Staff working in the agency (office staff)
    ▪   Registered manager for the agency
 	
Sampling of:
    ▪   Mandatory training records for different grades of staff
    ▪   Staff supervision and appraisal records
    ▪   Staffs training and development plan and outcome, including any training needs analysis
 	
Consideration of:
    ▪   How on overview is maintained of staff's professional registration status and requirements
    ▪   How staff wellbeing is supported
    ▪   Whether training provided reflects the needs and outcomes of people living in the service
    ▪   How competency issues are managed