

FREQUENTLY ASKED QUESTIONS NURSE AGENCIES

Introduction

The definition of a 'nurse agency' within [Schedule 12](#), introduced by section 47(2) of the Public Services Reform (Scotland) Act 2010 is as follows:

A "nurse agency" is 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.

It is imperative to note that the Care Inspectorate's only locus within each nurse agency is solely in relation to nurses, midwives & health visitors registered with the Nursing Midwifery Council. We do not have a locus with 'carer' type roles such as healthcare assistants that have been recruited and deployed by nurse agencies.

Below are some frequently asked questions. These are divided into two main sections: Questions around practice during the COVID-19 pandemic, and questions around practice out-with COVID-19.

FAQs relating to practice during the COVID-19 pandemic:

General

Where do nurse agencies operate?

Some nurse agencies are large, a few have no conditions and can operate across a number of geographical areas. Others have an identified geographical area in which they can operate detailed within a condition of their registration. This enables the Care Inspectorate to be able to alert relevant Health and Social Care Partnerships (HSCP) when there are concerns about the quality of service provided by agencies.

What are the minimum requirements to operate a nurse agency?

- Any staff member responsible for placing nurses must be a registered nurse with the appropriate qualifications, skills and experience.
- A registered nurse must be 'on-call' whenever the service is in operation.

- Each service must ensure that all nurses placed by them are registered with the relevant regulatory/professional body, and on the relevant parts of the register in respect of the work they are to be carrying out.

Notification reporting

Do nurse agencies have to submit a weekly COVID-19 'Staff absence' notification to the Care Inspectorate and if so, who should be included in this notification?

Yes. All nursing and office staff should be included in the weekly staff absences notification. For further information around notifications, please refer to the following guidance: [Records that all registered care services \(except childminding\) must keep and guidance on notification reporting.](#)

Are nurse agencies required to inform the Care Inspectorate of registered nurses who are confirmed, or suspected of having COVID-19, and should they also inform Public Health and any service in which the nurses have been working?

Yes. The nurse agency should inform the Care Inspectorate, through the submission of the 'Staff absence' notification on a Tuesday and confirm that the nurse is self-isolating. The nurse agency should also alert any service in which the nurse has been working in. Currently the practice appears to be inconsistent in terms of what local health protection teams are looking for, with some looking for this information and others advising that they do not need this. It is therefore recommended that each agency check with their local HPS team. More information can be found in relation to the Test and Protect scheme [here](#).

Should nurse agencies submit notifications in retrospect for staff testing positive for COVID-19?

If a 'Staff absence' form was not submitted on the Tuesday following a registered **nurse** testing positive, there is no need to submit now.

Are Nurse Agencies required to notify us where their staffing increases or reduces by more than 10%?

This was not relevant while the 'Staff shortage' notifications were being used. However, now that services no longer submit a 'Staff shortage' notification, agencies should continue to notify the Care Inspectorate when their staffing increases or reduces by more than 10%.

Communication with services

What information should nurse agencies be sharing with settings about the prevalence of COVID-19?

This may involve the agency sharing information about the different settings the agency nurses have recently worked in, so that providers can make deployment decisions accordingly. For example, if an agency nurse is, or has recently worked in other care services, including services with a COVID-19 outbreak, a manager may assess that they should be deployed to carry out roles and tasks within the service that present a lower risk. The nurse agency should ascertain whether nurses will be expected to work in COVID-19 areas so that they can ensure that they agree to take this risk.

Personal Protective Equipment (PPE)

Where do agency nurses access PPE?

The nurse agency should ensure that agency nurses will be provided with appropriate PPE at any setting they are deployed to. Some nurse agencies have provided agency nurses with PPE if they are going into a care at home setting. If nurses are deployed to a care setting, the host provider should have and supply PPE to them. However, where there is an urgent need for PPE, after having fully explored local supply routes, providers can contact the NHS National Services Scotland triage centre to access PPE. NHS NSS triage centre for social care PPE can be contacted by: Email: support@socialcare.nhs.info or by Phone: 0300 303 3020. The helpline will be open (8am - 8pm) 7 days a week.

Health Protection Scotland individual documents for the various settings also reflect PPE guidance. The individual documents can be found on the [Health Protection Scotland](#) website.

Please note there is also [PPE guidance](#) on our website.

Testing

Should nurse agencies offer testing to staff for COVID-19?

It is required that agency staff deployed to work in care homes undertake weekly testing.

The First Minister and Cabinet Secretary for Health and Sport made commitments to test all staff in Scottish Care Homes for adults and older people for Covid-19 weekly. More Information can be found [here](#).

The purpose of staff testing is to help protect residents and staff, and is an important part of our national effort to tackle coronavirus. Guidance has been developed to ensure that all staff deployed to care homes for adults and older people from staffing agencies are tested for COVID-19 prior to deployment.

Agencies who provide staff to care homes should utilise the UK Government employee referral portal to proactively ensure that a cohort of staff have been tested who can then be deployed in to care homes at short notice as required. Agency staff who work in care homes on longer term contracts can access testing through testing in the care homes using the UK social care portal in the same way as substantive staff are tested in the care home. For other staff who are deployed in to care homes on a short term, often short notice basis the UK Government employer referral portal should be utilised by staff agencies through the UK Government testing programme to ensure their staff are part of the weekly staff testing programme. More information can be found [here](#).

The Scottish Government has set out a testing priority matrix which explains which key workers will be tested. More information can be found in relation to the Test and Protect scheme [here](#).

Risk assessments

What type of information should be considered to inform risk assessments?

The Care Inspectorate would tend not be explicit about the information that should be contained within a risk assessment. However, consideration should be given to the following for example:

- Knowledge of suspected or positive COVID-19 cases prior to placement
- Deployment of staff
- Individual's own health conditions
- Access to PPE: will this be provided by the service, or should this be provided by the agency? For example, if supporting someone within their own home
- Access to and knowledge of HPS Covid guidance by registered nurses
- Testing arrangements for individuals
- Arrangements to support staff who have tested positive (More information can be found in relation to the Test and Protect scheme [here](#)).
- Travel consideration
- Training on Donning/doffing of PPE
- Asking staff if they have displayed any common covid-19 symptoms.

Promoting best practice during COVID-19 pandemic

How should agency nurses be deployed?

Health Protection Scotland's latest COVID-19 guidance advises providers of care homes (1/5/20) and domiciliary care (4/5/20) to minimise the use of bank or agency staff and where used then they should only work for one facility where possible. This is to minimise the potential of cross infection between settings. Nurse agencies should monitor where staff are going, to ensure that they are limiting numbers of settings that agency staff go to and to support the track and trace strategy if required.

What good practice should nurse agencies be considering to minimise the risk of spreading COVID-19?

Agency nurses should be provided with the most up to date COVID-19 guidance, including that specific to care homes for older people.

<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-information-and-guidance-for-care-home-settings/>

<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-infection-prevention-and-control-in-healthcare-settings/>

Agency nurses should be offered training on enhanced infection control measures during Coronavirus, such as effective hand hygiene and appropriate use of PPE. Education updates can be accessed on the NHS Education Scotland Turas portal.

<https://learn.nes.nhs.scot/>

FAQs relating to practice out with COVID-19 pandemic:

Recruitment

What checks should be undertaken to ensure safer recruitment practices?

Providers must ensure that they are adhering to legislative requirements in relation to fitness: this includes the fitness of the manager and the fitness of employees. These requirements can be found within [Scottish Statutory Instrument \(SSI\) 210](#).

Further information to support best practice can be found within the good practice guidance document, '[Safer Recruitment through Better Recruitment](#)'.

Do all agency staff have PVG?

Providers must ensure that all staff working directly with those experiencing care are fit to be employed. One aspect of safer recruitment practices includes ensuring that no person has been convicted, whether in the United Kingdom or elsewhere. A PVG certificate contains all unspent and certain spent conviction information. It also contains any other non-conviction information that the police or other government bodies think is relevant.

How do agencies make sure all staff have the required skills to deliver a good standard of care?

This would be addressed through implementing safer recruitment checks. Agencies must adhere to Regulation 9 within [SSI 210](#), which details those who are unfit to be employed in the provision of a care service: this includes a person who does not have the qualifications, skills and experience necessary for the work the person is to perform.

In addition, all nursing staff employed within that agency must be registered with the NMC and meet the skills requirement set out by NMC.