Nurse Agencies

Minimum Standards

Registration & Inspection Unit

2010 (amended October 2013)
Review date September 2015

Department of Health and Social Care
Rhyenn Slaynt as Kiarail y Theay
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GENERAL INTRODUCTION

This document contains the minimum standards applicable to Nurse Agencies on the Isle of Man that supply qualified nurses to private individuals and to healthcare establishments. These standards are to be regarded as a base line upon which no service should fall below. They should not be seen as best possible practice but are a guide to maintaining minimum standards for Nurse Agencies on the Isle of Man.

The Regulation of Care act 2013 is the primary legislation covering these standards. The Regulation of Care (Care Services) Regulations 2013, The Regulation of Care (Registration) Regulations 2013 underpin the Act.

Agencies, supplying qualified nurses to undertake nursing care in either nursing homes or in a person’s own home are classed as Nurse Agencies.

INTRODUCTION TO THE MINIMUM STANDARDS

The minimum standards for Nurse Agencies are issued by the Department. These standards form the basis for judgements made regarding registration; they are also required to be complied with through regulation. The Department will therefore consider the degree to which a regulated service complies with the standards when determining whether or not a service should be registered, or have its registration cancelled; or whether to take any other enforcement action.

The standards are ‘minimum’ standards rather than ‘best possible’ practice and many providers will aspire to exceed them in a variety of ways.

Structure and approach

The minimum standards for Nurse Agencies focus on a safe and quality assured service which is also measurable.

The standards are grouped under a series of key topics:

- Information for Clients
- Agreeing the Service
- Service Arrangements
- Registered Persons
- Recruitment and Supply of Nurses
- Staff training, development and support
- Management and Administration
- Complaints and Protection

Each standard or group of standards is preceded by a statement of the outcome which is to be achieved. The standards themselves are numbered and it is the expectation of the Department that the full set of numbered paragraphs will be met in order to achieve outcomes required; however, there may be circumstances where the provider is able to demonstrate that that a particular standard does not apply and provide evidence of an acceptable alternative.
The standards are intended to be a qualitative measure, in that they provide a tool for judging the quality of the service provided to each individual. In inspecting against these standards the Department will follow a consistent inspection methodology and reporting format that has been designed for use on the Island. Inspectors will look for evidence that the requirements of the standards are being met and that clients receive treatment that is safe and meets their expectations.

**Glossary**

There is a glossary at the back of the document that gives a brief explanation of some of the terms used.
1. Information

**OUTCOME**
The person receiving the service receives information about the nurse agency and the services it provides in order to make an informed choice on whether to engage the agency’s services.

**Client guide**

**STANDARD 1**

1.1 The agency’s certificate is prominently displayed at all times so as to be readily and easily seen by all persons using the premises.

1.2 A statement of purpose is supplied to the Department that meets the requirements of Schedule 3(6) to the registration regulations and a copy is available on request by every person using the service or their advocate/representative.

1.3 The clients guide is available in a language and a format that is suitable and accessible to the people using the service. The Clients Guide should include the following information:-

- Details of the level and type of services that can be provided.
- How to make comments, suggestions or complaints about the services provided by the agency; it should also include the name address and telephone number of the Registrations and Inspections Unit.
- Details of the agency’s contractual arrangements; charging policy and service costs.
- The range of qualifications of the nurses who are supplied and the type of settings in which they are supplied to work
- The circumstances in which the agency may cease to provide services to the client.
- Arrangements for cancellation of the supply of a nurse by the client.
- Arrangements which will apply during the sickness or absence of a nurse supplied to a client.
- Arrangements that would be made if the nurse agency closes or there is a change of ownership
- Requirements in relation to timesheets.
- Hours of operation.
- Details of insurance cover.
Contact names and phone numbers, including 24-hour contact number
- Confirmation that the agency is licensed with the Department.
- A summary of the statement of purpose.

Where the agency acts as an introduction service the person employing the nurse should be provided with information in respect of:

- The procedures to follow in the event of an accident or incident in the homes of clients.
- Requirements to protect the health and safety of nurses.
- The arrangements for clients to express their views about the service provided by the agency.

1.4 The information provided in the guide should be reviewed and/or updated at least annually.

1.5 The licensed person ensures that the information contained in the client’s guide is clear and unambiguous and is not misleading.

2. Agreeing the Service

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<th>OUTCOME</th>
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<tr>
<td>The person using the service will receive a written agreement which clearly defines the service that will be provided to meet individual needs. This agreement will set out the terms and conditions of payment and arrangements for changing or ending the agreement. Service agreements should be reviewed regularly.</td>
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| WRITTEN AGREEMENT BETWEEN PERSON USING THE SERVICE AND THE PROVIDER |

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<thead>
<tr>
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<tr>
<td>2.1 The person using the service, their advocate or representative is fully involved in developing and reviewing the written agreement/terms &amp; conditions of service.</td>
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| 2.2 The person using the service, their advocate or representative will receive a copy of this agreement which has been signed and dated by the person, or in circumstances where the person is unable to sign, by their advocate or representative, and a representative of the agency. |

<table>
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<th>2.3 The written agreement will include details about:</th>
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<tr>
<td>- The service to be provided to meet individual needs</td>
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<td>- The fees that will be charged and the charging policy</td>
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<tr>
<td>- Communication arrangements between the person using the service, their advocate or representative and the nurse agency</td>
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<tr>
<td>- How to change or end the service provided.</td>
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2.4 The person using the service, their advocate or representative is assured that the nurse agency will regularly check to make sure that the service agreement is still suitable and that any agreed changes are made.

2.5 The person using the service, their advocate or representative can ask for a review of the service agreement with the nurse agency at any time.

2.6 The nurse agency will keep accurate records showing:

- Date of service agreement review
- Timescales for review
- Outcomes of reviews
- How suitable the nurse or nurses are
- If the same nurse or nurses will continue to provide care for the person using the service, or if not, the reasons why not.

3. Service Arrangements

**OUTCOME**
The person using the service is provided with a nurse or nurses who are suitable to meet his/her needs.

**USING THE SERVICE**

**STANDARD 3**

3.1 The person using the service, their advocate or representative is fully consulted to make sure that the most suitable nurse is placed for each assignment.

3.2 The person using the service, their advocate or representative is supplied with details of qualifications and experience of the nurse supplied to care for your needs.

3.3 The nurse agency will communicate fully and effectively with all parties to ensure that they obtain accurate details of the assessed care needs of the client and will ensure that all nurses providing a service to individuals are provided with information about those needs.

3.4 The person receiving the service, their advocate or representative are informed that the nurse agency will keep accurate records of his/her care needs, which will include:

- A needs assessment, including risk assessments and plans of care, which will be carried out by a registered nurse or under the supervision of a registered nurse, who will take professional responsibility for the updating, accuracy and sufficiency of the information
- The person carrying out the needs assessment will be responsible for obtaining consent to assessment, treatment and care
- When the service is needed
- Where the care will be provided
• How long the care will be provided for
• The type of nurse needed / their qualifications, skills and experience
• Written evidence that the nurse has been made aware of the person’s needs

3.5 The quality of the placement will be regularly monitored.

3.6 Where possible, and if agreed with the agency, the nurse agency will make sure that clients are supplied with the same nurse or nurses.

3.7 There is an audit system in place to check regularly with individual clients and make sure that the quality of the placement is satisfactory. The outcome of the audit will include any action that needs to be taken to put things right.

4. Licensed Person

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<tr>
<td>People using the agency are assured of the integrity of the agency and have confidence that it is run by a fit and competent person or organisation.</td>
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FITNESS OF REGISTERED PERSON

STANDARD 4

4.1 All persons directly involved in the managing and running of the agency are able to demonstrate that they are fit persons, i.e. suitable and competent.

4.2 Owners and managers of the agency have a sufficient range of knowledge, experience and expertise between them for the efficient running of the agency. The Manager is qualified to:

• QCF level 5 Diploma in Leadership for Health and Social Care and Children and Young People Services or equivalent.

There are clear lines of accountability within the team. People forming part of the management team and deputising for the registered manager have a relevant professional or care qualification and/or significant experience of working within a similar service, and are qualified to a:

• QCF level 3 Diploma in Health and Social Care and Children and Young Peoples Services or equivalent.

With regard to the above qualifications all existing staff should have commenced the appropriate award within 4 years of the inception of these standards. Managers new to registration will be given a time frame that is appropriate to the date of their registration. From 1st April 2019 managers will not be registered without having gained or be in the process of gaining the QCF level 5 in Leadership for Health and Social Care and Children and Young people Services, or equivalent.

4.3 The Manager should undertake periodic training, including management training to update his or her knowledge, skill and competence to manage the agency.
4.4 Where the registered person is an organisation there is a nominated 'Responsible person' who undergoes a police check and references to determine suitability.

5. Recruitment and Supply of Nurses

**OUTCOME**
The process for recruitment and selection of nurses meets all the requirements of legislation and employment law including those related to equal opportunities and anti-discriminatory practice. All staff are appropriately vetted and the Isle of Man rules on work permits are adhered to.

**RECRUITMENT**

**STANDARD 5**

5.1 The recruitment process operates in line with equal opportunities and is non-discriminatory.

5.2 There is written policy and procedure for the recruitment and selection of staff.

5.3 A person who is a registered nurse (with a current NMC registration) undertakes interviews for the recruitment of all grades of agency nurses.

5.4 The registered nurse has relevant experience to enable the assessment, selection and placement of nurses with clients according to their qualifications, competencies and skills.

5.5 All staff are interviewed before employment, and records of interview are retained.

5.6 Relevant qualifications/certificates are validated at interview.

5.7 There is documentary evidence of the continuing registration with the NMC (Nursing and Midwifery Council).

- The agency obtains a caller code from the NMC and obtains confirmation of registration of new and existing registered nurses via the NMC’s Employer’s Confirmation Service
- The agency checks notifications of registered nurses who have been removed or suspended from the register
- All nurses work within the NMC Code of Professional Conduct

5.8 Employment records contain details of next of kin, together with an emergency telephone contact number.

5.9 Each person recruited has their identity confirmed through presentation of a valid birth certificate and appropriate photographic identity.
5.10 A copy of the driving licence, if necessary, for the duties to be carried out is obtained.

5.11 Arrangements are in place to check the validity of work permits and their conditions of use.

5.12 Two satisfactory written references are obtained before making an appointment and any gaps in the employment records are identified and pursued.

5.13 Staff are only confirmed in post following completion of a satisfactory DBS check.

5.14 Staff are only confirmed in post following health check questionnaire and / or screening.

5.15 All staff receive a statement of terms and conditions of employment and are subject to a minimum three month probationary period.

5.16 There is a written and formal induction process that is completed by every new nurse to be supplied. The induction process covers, as fully as possible, the responsibilities of that the nurse supplied will have.

5.17 Staff should have copies of the agency’s disciplinary and grievance procedures.

5.18 Procedures should be in place for managing physical aggression towards staff.

6. Staff Training, Development and Support

**OUTCOME**

*People using the service are supported by appropriately trained staff. Staff receive the support and supervision they need to carry out their jobs.*

**DEVELOPMENT AND SUPPORT**

**STANDARD 6**

6.1 There are arrangements in place to ensure staff training and continuous professional development (including staff engaged on a self employed contract).

6.2 A staff training record is maintained on each member of staff employed.

6.3 All staff receive training in:
- Safe Moving and Handling
- Health and Safety
- Infection Control
- Preparation of Food Hygiene, if involved in the preparation and serving of food
- Adult Abuse and Protection

6.4 The agency should have supervision and performance review policies and procedures in place.

6.5 Staff performance is reviewed annually.
6.6 Staff should have regular, documented line management supervision at least four times a year in addition to day-to-day contact with the person they are accountable to.

7. Management and Administration

**OUTCOME**
People using the service benefit from competent and accountable management of the agency.

**FINANCIAL PROCEDURES**

**STANDARD 7**

7.1 Approved accounting and financial procedures are adopted to demonstrate current financial viability and to ensure the efficient and effective running of the business.

7.2 Where the agency is an employment business, payment to a nurse supplied by the agency will be made regardless of whether the client has paid the agency. Receipts are issued in respect of payment made to the agency if the client requests.

7.3 The agency ensures adequate insurance cover is held against loss of damage to, assets that are used for the purpose of the agency. In particular, the insurance cost of replacing loss or damaged assets, and losses incurred as a result of any interruption of the operation of the agency.

7.4 The agency also ensures that adequate insurance is held against liability which may be incurred to any person as a result of the operation of the agency, including death, injury, public liability, damage or other loss.

7.5 The amount of cover undertaken is no less than £5 million.

7.6 The Manager is able to demonstrate that there is an adequate process for business and financial planning to cover the operation of the agency.

**PREMISES**

**STANDARD 8**

8.1 Equipment and resources are available for the efficient and effective management of the agency.

8.2 An accessible, clean, safe working environment is provided for staff.

8.3 The premises are accessible for inspection purposes as required.

8.4 There is a maintenance plan for the building.
8.5 Regular testing of the emergency lighting, fire alarms and fire fighting equipment in line with the Fire Safety Officer’s recommendations and record accordingly.

8.6 There are contingency plans in place for loss of utilities (Business Continuity Plan).

MANAGEMENT STRUCTURE

STANDARD 9

9.1 An appropriate management structure and clear lines of accountability should be clearly understood by staff and people using the service.

ORGANISATIONAL POLICIES

STANDARD 10

10.1 The agency operates clear, written set of organisational policies and procedures which are available to every nurse who is supplied by the agency. (see appendix 1).

10.2 The licensed person, the responsible individual or the manager should ensure that nurses supplied are familiar with the agency’s policies, procedures and codes of practice.

10.3 All policies, procedures and codes of practice are kept up-to-date, signed by the licensed person, the responsible individual or the manager, dated and a review date identified.

10.4 A staff handbook should be provided and should include:

- The conduct expected of nurses supplied by the agency
- The role and responsibilities of nurses supplied by the agency
- Record keeping information
- Training and development requirements and opportunities
- The specific policies implemented in relation to the supply of nurses to people who are using the service
- The agency’s disciplinary procedures
- The agency’s policy for dealing with allegations of abuse

RECORD KEEPING

STANDARD 11

11.1 The agency should have in place policies in respect of record keeping and access to personal files.

11.2 The agency retains, up-to-date and accurate records for the protection of people using the service and for the efficient running of the business.
11.3 Records should be kept in a form suitable for inspection and may be kept electronically.

11.4 Records are retained for at least 3 years for adults and for 75 years for children.

11.5 People have access to their records and information about them held at the agency or in their own home and have the opportunity to contribute towards their personal records and support plans.

11.6 Records are kept up-to-date and in good order.

11.7 Records are maintained, stored and used in accordance with the Data Protection Act 2002 and other statutory requirements.

QUALITY ASSURANCE

STANDARD 12

12.1 The agency operates an effective written Quality Assurance system, based on consulting with people who are using the service and where appropriate their carers or advocates, in order to measure success in meeting the aims and objectives of the agency.

12.2 The agency should monitor the quality of placements for both the people using the service and the nurses.

12.3 The licensed person/manager ensures that the agency has a continuous process of self-monitoring, including an internal audit at least annually.

CONCERNS AND COMPLAINTS

OUTCOME
People have access to an effective complaints procedure; receive appropriate information about how make a complaint and are confident that their complaint will be listened to, taken seriously and acted upon

People are protected from abuse, neglect and self-harm. People using the service are protected by the agency’s policies and procedures. Where the agency acts as introductory service specific information on safeguarding and abuse is provided to the client. Action is taken to protect the confidentiality of information.

STANDARD 13

13.1 The licensed person ensures there is a written complaints policy, and there are procedures for handling and investigating complaints about all aspects of their service. The policy should include stages and time scales for dealing with a complaint.

13.2 All complaints receive written acknowledgement within 2 working days of receipt.
13.3 A full response is made within 20 working days of receipt of the complaint, unless the investigation is still in progress; in which case a further letter explaining the reason for the delay is sent. In respect of the latter, a full response is provided within 5 working days of a conclusion being reached.

13.4 Responses to complainants should outline findings and action taken.

13.5 Staff receive training about what constitutes a complaint and what are the procedures for receiving and dealing with complaints.

13.6 A record of complaints received and action taken is maintained.

13.7 The complaints procedure is displayed in the Agency.

13.8 People using the service are provided with information about how to make a complaint including the address and telephone number for referring a complaint to the licensing authority.

13.9 Nurses supplied by the agency are fully and promptly informed of complaints relating to themselves.

13.10 A procedure should be in place for reporting nurses to the NMC where there is evidence of misconduct.

**ADULT SAFEGUARDING PROCEDURES AND TRAINING**

**STANDARD 14**

14.1 There are systems in place to ensure that people are safeguarded from physical, sexual, psychological, financial or material, neglect and acts of omission, discriminatory or institutional abuse.

14.2 The agency should have an Adult Safeguarding, and where applicable a Child Safeguarding, Policy and Procedure. The registered person should ensure that all staff have read and understood the procedure.

14.3 Training should be provided for all staff, in the prevention of abuse, recognition of abuse and dealing with disclosures of abuse.

14.4 All allegations and incidents of abuse are recorded and action is taken in accordance with the Adult Protection procedures.

14.5 The agency has clear policies and procedures for nurses on:

- The safe handling of money and property belonging to people using the service
- Entering and leaving the homes of people using the service
- Use of mobile camera phones, video recording or taking photographs
- Gift giving and receiving, including loans
STANDARD 15 - ASSISTANCE WITH MEDICATION

15.1 The agency should operate a clear, written medication policy, in accordance with the NMC Code of professional Conduct. This policy should identify:
   - Parameters and circumstances for administering or assisting with medication
   - The limits to assistance and the tasks which may not be undertaken without specialist training. Medication is only given when it is within the competence of the nurse
   - That informed consent is obtained for all aspects of care.

15.2 There should be a clear process for reporting concerns, responding to incidents and seeking guidance if unanticipated events occur.

15.3 The policy should cover capacity to consent and drug error procedures.

15.4 Records are kept of all medications received, administered and leaving the persons home. The Medication Administration Record details:
   - What medication is received
   - What medication is currently prescribed (including the medication of those self administering)
   - The time the medication must be given
   - The dosage of the medication
   - Method of administration
   - Any special instructions e.g. with food
   - Receipt, administration and disposal of controlled drugs are recorded in the Controlled Drugs Register
   - The administration of controlled drugs including the witness of administration by another designated, appropriately trained member of staff.
   - When prescribed medication has not been given and the reason why. (This does not apply to PRN (as required) medication)
   - Medication that is disposed of by returning to the pharmacy.

15.5 Patient information leaflets are obtained for all medicines administered.

15.6 In the event of a death, a person’s medication should be retained for seven days in case there is a coroner’s inquest. If medication is removed by the coroner’s office, a signature/receipt is obtained for the medication taken.

STANDARD 16 - CONFIDENTIALITY

16.1 People using the service are assured that all information is managed so as to ensure confidentiality.

16.2 The agency has a written information management policy which sets out how information is handled confidentiality.

16.3 All those who work for the agency are familiar and comply with the information management policy.
16.4 There is information given to people using the service on their right to access their health records, in line with the Data Protection Act 2002 and Subject Access Regulations 2003.

16.5 There is a written procedure setting out how to respond to clients requests for access to information in their treatment records.

**STANDARD 17 - SAFE WORKING PRACTICES**

17.1 The agency has a written health and safety policy which clearly identifies the responsibilities of the management and staff and clearly sets out the arrangements for managing health and safety in people’s homes.

17.2 The agency will work with the person using the service to:
   - Carry out an adequate assessment of the risks at the premises where work is to be performed and will:
   - Establish effective precautions to control the risk
   - Record details of the findings of the risk assessments and make them available to the nurse or anyone who may need the information, as soon as possible before the nurse starts work or as soon as possible where pressure of time does not allow an assessment of risk to be undertaken prior to the provision of care.

17.3 Equipment, including hoists and accessories used for lifting people are inspected regularly.

17.4 The agency ensures compliance with relevant legislation relating to the provision of care to people in their own homes. The main statutory provisions are as follows:

   - Health and Safety at Work Act 1974
   - Management of Health and Safety at Work Regulations 1999
   - Control of Substances Hazardous to Health Regulations (COSHH) 1988
   - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995
   - The Personal Protective Equipment at Work Regulations 1992
   - Lifting Operations and Lifting Equipment Regulations (LOLER) 1998
   - Provision and use of Work Equipment Regulations 1998 (PUWER)
   - European Communities (food hygiene laws) (application) order 2007
   - The food Hygiene Regulations 2007

17.5 Safe working practices are ensured including:

   - Infection Control – ensure staff are aware of the measures to prevent the spread of infection and communicable diseases and reporting procedures
   - Promotion of effective hand washing
   - Food Hygiene – correct storage and preparation of food to avoid contamination
   - Moving and Handling – familiar with techniques for moving people and how to avoid injury
• First aid – knowledge of how to manage accidents and emergencies and provision of a first aid box

17.6 **Where the agency acts as an introduction service the person employing the nurse should be provided with information in respect of:**

- The procedures to safeguard nurses and clients
- The procedures to safeguard the property of clients
- The procedures for the administration or assistance with the administration of medication to clients, in accordance with the NMC Code of Professional Conduct.
Appendix 1

Policies, Procedures and Codes of Practice

The Manager will provide policies, procedures and codes of practice for the home covering the following topics:

- Accident and incident reporting
- Assessment and planning
- Adult protection and prevention of abuse (Safeguarding Adults)
- Access to independent advocacy
- Bullying and harassment
- Complaints/concerns/compliments
- Communicable diseases and infection control
- Confidentiality and disclosure of information (Data protection)
- Contingency plans
- Emergency situations
- Gift giving and receiving, including loans
- Health and Safety
- Managing aggression
- Missing person
- Mobile and camera phones
- Person centred care planning and review
- Record keeping and access to files
- Recruitment and employment (including Equal Opportunities and Race Relations)
- Risk assessment and risk management
- Staff disciplinary and grievance procedures including whistle blowing
- Staff training including induction
- Staff supervision and appraisal
- Storage, administration, recording, disposal and safe handling of medication

Nursing and Midwifery Council (NMC)

- NMC /Guidelines for Professional Practice
- NMC Standards for PREP
- Guidelines for Records and Record Keeping (July 09)
- Guidelines for the Administration of Medicines (August 2008)
- The code: Standards of conduct, performance and ethics for nurses and midwives (May 2008)
Appendix 2

GLOSSARY

This glossary is intended to be of general assistance to the reader interpreting the standards. The definitions provided do not affect any meaning that a term may have under any relevant legislation.

**Accident**
Any unexpected or unforeseen occurrence, especially one that results in injury or damage

**Advocate**
A person independent of any aspect of the service or of any of the statutory agencies involved in purchasing or providing the service, who acts on behalf of, and in the interests of the person using the service. And advocate can be helpful if a person feels unable to represent himself.

**Consent**
A person is informed about the nature, purpose and likely effects of any treatment proposed before being asked to agree to accepting it.

**Complaints Procedure**
Clear procedures that help the user of the service or others to complain about any aspect of the service

**Health and Safety**
A plan of action for the health, safety and well being of staff, clients and other visitors

**Incident**
An event or occurrence, especially one that leads to problems; an example could be theft of a client’s personal belongings

**Induction**
Learning activities designed to enable newly appointed staff to function effectively in a new position

**Manager**
Registered Nurse or person holding a current medical qualification who is responsible for the day to day running the agency

**Nursing and Midwifery Council (NMC)**
This organisation was set up by Parliament to ensure nurses, midwives and health visitors provide high standards of care to their patients and clients. To achieve its aims, the NMC maintains a register of qualified nurses, midwives and health visitors, sets of standards for education, practice and conduct, provides advice for nurses, midwives and health visitors and considers allegations of misconduct or unfitness to practice. Website: wwwnmc.-uk.org

**Outcome**
The end result of treatment; that is the change in the
People who receive services
The individuals who receive nursing care from the nurse

Police Vetting Unit
An organisation conducting police checks to enable an assessment on an individual's suitability to work with the service

Policy
An operational statement of intent which helps staff make sound decisions, and take actions which are legal, consistent with the aims of the service, and in the best interests of the clients

Procedure
The action taken to fulfil a policy

Quality Assurance
A Process carried out by the nurse agency to monitor effectiveness and whether people who use the service are satisfied

Service Agreement
An agreement between the nurse agency and the person using the service about the terms of business, communication arrangements and how the agreement can be ended

Statement of Purpose
The written statement of purpose defines the aims, objectives, philosophy of care; care provided and the arrangements for the supervision and support of people using the service and well as the terms and conditions of the agency. The Statement of Purpose should not be viewed in isolation and should cover issues set out in Regulations and Minimum Standards.
This document can be provided in other formats

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