

**frontline**

recruitment group



# **Policies and Procedures**

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## **Policy 1**

### **Absence of the Registered Manager/Registered Provider**

#### **Aim**

To outline the steps to be taken if the registered manager/registered provider proposes to be absent from the agency for a continuous period of 28 days or more.

#### **Procedure**

Where the registered person or the registered manager proposes to be absent from the agency for a continuous period of 28 days or more, the registered person must give notice in writing to the Regulation Quality and Improvement Authority of the proposed absence.

Except in the case of an emergency, the notice shall be given no later than one month before the proposed absence commences or within a shorter period as may be agreed with the Regulation, Quality and Improvement Authority. The notice must specify:

- The length or expected length of the absence
- The reason for the absence
- The arrangements which have been made for running the agency during that absence
- The name and address and qualifications of the person who will be responsible during the absence; and
- In the case of the absence of the registered manager, the arrangements that have been or are proposed to be, made for appointing another person to manage the agency during that absence, including the proposed date by which the appointment is to be made.

Where the absence arises as the result of an emergency, the registered person shall give notice of the absence within one week of its occurrence specifying the information as above.

The registered person shall notify the Regulation and Improvement Authority of the return to duty of the registered manager no later than seven days after the date of his or her return.

## **Policy 2**

### **Accidents and Adverse Incidents**

#### **Aim**

To outline the legislative procedure for reporting notifiable events to the Regulation and Quality Improvement authority.

#### **Procedure**

All nursing agencies are required by legislation to report specified adverse events to the RQIA. These events are reported by the registered manager. It is the responsibility of the registered manager to follow up and investigate any incident when appropriate and take action as required.

All accidents, incidents, communicable diseases and deaths occurring in the nursing agency or in a service user's home where a nurse has been supplied must be reported to the Regulation and Quality Improvement Authority and other relevant organisations in accordance with legislation and procedures.

All incidents must be reported on the appropriate forms which are found on the RQIA website.  
[www.rqia.org.uk](http://www.rqia.org.uk)

Also available is the guidance document, which outlines the specific details of reporting arrangements and guidance on legislative reporting requirements.

Completed notification forms should be returned by:

Email : [incidents@rqia.org.uk](mailto:incidents@rqia.org.uk)

Do not submit notifications directly to Inspection Staff by email or post

## **Policy 3**

### **Accounting and Financial Control Procedure**

#### **Aim**

To ensure there are written accounting and financial control procedures which meet professional standards of good practice and legislative requirements and provide safeguards against errors or fraud.

#### **Procedure**

The day to day financial management of the agency is undertaken by Jonathan St Clare, a director of the business. All financial decisions including the authorisation of expenditure and agency workers payroll are supervised by him and he also has full cash flow management responsibility including supervision of credit control, invoicing and supplier payments.

The agency's accountants, Baker Tilly Mooney Moore assist in the financial management of the business, provide guidance to the directors of the business as needed.

The administration of the agency's payroll for temporary workers is outsourced to Eden Payroll an expert provider of payroll services to the recruitment sector in the UK to ensure accuracy and efficiency in the processing of the temporary payroll.

## **Policy 4**

### **Assessing, Planning, Implementing and Evaluating Nursing Care for Patients in their Own Homes**

#### **Aim**

To provide a holistic care-plan for a client requiring nursing care in their own home

#### **Procedure**

##### Assessing

Following an initial enquiry from a patient or a patient's representative, requiring nursing care in their own home, a home visit will be arranged and carried out by the registered manager of the agency. This assessment will establish the degree and type of nursing care required, the number of nursing hours required and if there are any specialist needs. A home risk assessment will also be carried out.

##### Planning

Following an assessment, the patient or representative can decide if they want to avail of the service. In the case, the patient decides to go ahead with the service, a liaison meeting will take place to confirm the details of the nursing care and to plan the next process.

##### Implementing

This information will be given to healthcare consultants to source a nurse with the appropriate skills and experience. Information detailing the nurse's qualifications, experience, skills and background checks will be sent to the client to ensure they are satisfied with the candidate's credentials. If preferred, the client can meet the nurse before commencing with the service. Once the service is in place a service user's guide that provides up to date information about the nursing agency is given to the patient. A copy of the service contract is also provided signed both by the patient and the registered manager.

##### Evaluation

Once the service is in place, 2 monthly reviews (or when circumstances dictate) will take place in order to establish if the client is happy with the service and if there are any updates/changes needed in the care plan.

The registered manager will also carry out spot checks on a 3-4 month basis.

## **Policy 5**

### **Clinical Nursing Procedures**

#### **Aim**

To ensure that all agency nurses are aware of their responsibilities and apply best clinical practice.

#### **Procedure**

Agency nurses are required to implement person-centered nursing care that is based on an initial assessment of the patients nursing needs.

Clinical procedures should not be carried out by any nurse unless they are competent and confident enough to do so. Nurses must provide evidence regarding competence in specialist clinical procedures

The provision of nursing care and re-assessment of the patient's ongoing care needs are discussed and agreed with the patient. This is then monitored and recorded on a day-to-day basis.

The results and outcomes of any treatment and care are clearly explained to patients and any options available to them are discussed.

The nursing care plan and ongoing care needs are reviewed and agreed with patients and their carers / representatives at time intervals as recorded.

Arrangements are in place to ensure that private patients in their own homes are kept fully informed of issues relating to the care provided by our agency nurses and that they are able to make comments about the quality of care provided.

The agency nurse will take part in clinical supervision sessions on a regular basis.



**Policy 6**  
**Complaints**

**Aim**

To set out the principles and framework for complaints management, investigation and learning from complaints.

**Procedure**

Clients and agency workers are advised to make their complaints in the first instance to the registered manager. If the complaint involves the registered manager, the responsible person can be contacted on the address below:

Jonathan St Clare  
21 James St South  
Belfast  
BT2 7GA  
Tel : 028 90 339968

Where the complaint involves an agency worker, the agency worker will be informed and a statement of his/her events will be taken, which must be received within 7 days of the complaint being logged.

Where there is evidence of malpractice or an event which requires notification, the appropriate authorities will be informed and the agency worker will not be booked into any further shifts whilst the matter is investigated.

All complaints, verbal or written, are recorded and retained in the office, and will be formally acknowledged within 5 working days. All efforts will be made to resolve the complaint within 28 working days.

Where the original timescale cannot be achieved, the complainant will be informed, and an explanation given for the delay. A renegotiation for a completion date will be arranged. Frontline Recruitment Group will ensure that all complaints will receive an appropriate, thorough and timely investigation and will adopt the principle of being open and honest regarding information and explanations.

The complainant will receive a written response detailing how the complaint has been resolved. Where the complainant is unsatisfied with the outcome, a referral can be made to ..

The Ombudsman  
33 Wellington Place  
Belfast  
BT1 0HN  
Tel :028 90 233821  
Email : [ombudsman@ni-ombudsman.org.uk](mailto:ombudsman@ni-ombudsman.org.uk)

## **Policy 7**

### **Completion of Case Records**

#### **Aim**

To ensure the service user is receiving the care, treatment and support reflecting their needs.

#### **Procedure**

All agency workers are to ensure that records are:

- Legible, clear and readable
- Written in permanent ink which can be photocopied
- Legible on any photocopies
- Dates, times and signatures must always be recorded with each data input
- Each separate evaluation sheet must have the service user's name and date of birth
- No abbreviations or unnecessary jargon should be used
- Errors should be crossed through with one single line, signed and dated. Correction fluid must not be used
- All activities of care and observations should be recorded as carried out
- Statements and instructions should be clear and concise so they can be followed accurately by each healthcare professional
- Case records should be stored in a secure place accessible to the service user.
- Where the service user declines to have records kept in their own homes, this is documented, dated, signed and retained in the nursing agency
- Case records are kept in the homes of private patients for one month, or until the service is concluded, after which time they are transferred with patient's permission to the nursing agency in accordance with procedures

## **Policy 8**

### **Confidentiality**

#### **Aim**

To ensure all agency workers are aware of the importance of confidentiality pertaining to any information they are privy to regarding a service user

#### **Policy**

All agency workers are bound by a legal duty of confidence to protect personal or company information they may come into contact with during the course of their work. This is not just a requirement of contractual duties but also a requirement within Data Protection Act 1998 and Human Rights Act 1999.

All staff must ensure:

- Client or company information must be protected against improper disclosure when it is received, stored, transmitted or disposed of
- Access to client or company information must be on a need to know basis
- Disclosure of a client or company's information must be limited to that purpose for which it is required.
- If the decision is taken to disclose information, that decision must be justified and documented
- Any uncertainty or concerns about disclosure must be discussed with the registered manager

Breaches of confidentiality will be regarded as a breach of the Agency Code of Conduct and could lead to removal from the Agency register.

## **Policy 9**

### **Confirmation with NMC of Nurses Registration Status**

#### **Aim**

To ensure all nurses working with Frontline Recruitment Group are live on the NMC register and fit to practice.

#### **Procedure**

All candidates NMC pin and DOB are accurately entered into our You recruit system during their registration process.

Our system is directly linked with <https://www.nmc.org.uk/registration/employer-confirmations/> and checks are automatically carried out when a candidate is onboarding. The system carries out ongoing checks when candidate's pin is due for renewal to ensure that there are no changes to the status of a candidate's NMC registration.

#### **Records**

The NMC website produces a document which confirms a nurse's registration, expiry date, and whether there are any impending investigations. This information is automatically generated into the nurse's compliance file on our You recruit system.

## **Policy 10**

### **Consent**

#### **Aim**

To ensure consent is obtained in the appropriate manner from all patients before treatment or care is carried out

#### **Policy**

Patients have a fundamental legal and ethical right to determine what happens to them. Valid consent to treatment is therefore absolutely central in all forms of health care, from providing personal care to undertaking major surgery. Seeking consent is also a matter of common courtesy between health care professionals and patients

The provision of information is central to the consent process, depending on each individual patients needs, before patients can come to a decision about their treatment:-

- they need comprehensible information about their condition
- information about possible treatments/investigations
- the risks and benefits of treatments/ investigations(including the risks/benefits of doing nothing)
- possible alternative treatments and their risks and benefits
- they also need to know whether additional procedures are likely to be necessary as part of the procedure

Once a decision to have a particular treatment/investigation has been made, patients need information about:-

- what will happen
- where to go
- how long they will be in clinic
- how they will feel afterwards
- management of pain relief if appropriate

Agency workers need to make the presumption that the patient wishes to be well informed about the risks and benefits of the various options. Where the patient makes clear, verbally or non-verbally, that they do not wish to be given this level of information, this should be documented in the care plan.

#### **The key points in gaining consent**

Before you examine, treat or care for competent adult patients you must obtain their consent.

Adults are always assumed to be competent unless demonstrated otherwise. If you have doubts about their competence, the question to ask is: "can this patient understand and weigh up the information needed to make this decision?" Unexpected decisions do not prove the person is incompetent but may indicate a need for further information or explanation.

Patients may be competent to make some health care decisions, even if they are not competent to make others.

Giving and obtaining consent is usually a process, not a one-off event. Patients can change their minds and withdraw consent at any time. If there is any doubt, you should always check that the patient still consents to your caring for or treating them.

Before examining, treating or caring for a child, you must also seek consent. Young people aged 16 and 17 are presumed to have the competence to give consent for themselves. Younger children who understand fully what is involved in the proposed procedure can also give consent (although their parents should ideally be involved). In other cases, someone with parental responsibility must give consent on the child's behalf, unless they cannot be reached in an emergency. If a competent child consents to treatment, a parent cannot override that consent. Legally, a parent can consent if a competent child refuses, but it is likely that taking such a serious step will be rare.

It is always best for the person actually treating the patient to seek consent. However, you may seek consent on behalf of colleagues if you are capable of performing the procedure in question, or if you have been specially trained to seek consent for that procedure.

Patients need sufficient information before they can decide whether to give their consent: for example, information about the benefits and risks of the proposed treatment or course of action, and appropriate alternatives. If a patient is not offered as much information as they reasonably need to reach an informed decision, and in a form, they can understand, their consent may not be valid.

Consent must be given voluntarily: not under any form of duress or undue influence from health professionals, family or friends.

Consent can be written, oral or non-verbal. A signature on a consent form does not itself prove the consent is valid – the point of the form is to record the patient's decision, and also increasingly the discussions that have taken place. Your Trust or organisation may have a policy setting out when you need to obtain written consent.

Competent adult patients have the right to refuse treatment, even where it would clearly benefit them. A competent pregnant woman may refuse any treatment, even if this would be detrimental to the foetus.

Mental health legislation provides the possibility of treatment for a person's mental disorder or its complications without their consent. This legislation does not give power to treat unrelated physical illness without consent.

No-one can give consent on behalf of an adult who is not deemed competent. However, you may still treat such a patient if the treatment would be in their best interests. 'Best interests' go wider than best medical interests, to include factors such as the wishes and beliefs of the patient when competent, their current wishes, their general well-being and their spiritual and religious welfare. People close to the patient may be able to give you information on some of these matters. Where the patient has never been competent, relatives, carers and friends may be best placed to advise on the patient's needs and preferences.

If people, no longer have capacity but have clearly indicated in the past that they would wish to refuse such treatment in the circumstances in which they now find themselves, (an "advance refusal"), the refusal must be accepted.

## Policy 11

### Consultation with Private Patients and their Representatives

#### Aim

To outline the process of consultation between private patients and their representatives

#### Procedure

The White Paper, *Equity and Excellence: Liberating the NHS* set out the Government's vision of an NHS that puts patients and the public first, where "no decision about me, without me" is the norm. It included proposals to give everyone more say over their care and treatment with more opportunity to make informed choices, as a means of securing better care and better outcomes.

Initial consultations with private patients are carried out by the nurse manager of Frontline Recruitment Group. The information gathered consist of:

- The type of nursing care required
- Are there any specialist needs?
- The duration of the service
- What daily/night hours need covered
- Expectations of the patient/representative
- Home risk assessment

Consultation with private patients and their representatives is an ongoing process from the initial point of contact to the end of the service contract. The aim is to ensure the care being provided meets the expectations of the patient and their representatives and involve them in any changes or decisions which are made.

## Policy 12

### Dealing with Alert Letters Issued by DHSSPS and NMC

#### Aim

To emphasise the importance of dealing with alert letters and auctioning when appropriate.

#### Procedure

- Alert notices involving personnel are checked against the Agency worker database held and any positive match will be communicated to the Registered Manager and appropriate action taken.
- All alert notices received involving equipment and medicines are emailed to each branch to check against their clients and action accordingly.
- Any branch that receives an alert notice in their branch must send that alert to the registered manager to action.
- Alert arrives by post, email or daily electronic data received from the NMC (all alerts/notices/issues are therefore caught within 24 hrs).

For alerts about agency workers who are not registered with us:

- We create a record in the name of that person;
- Upload all alert details and documentation and then reject the file. Any attempt by that person to register will be flagged up

For agency workers who are registered with us:

- They are immediately placed on hold depending on the seriousness;
- Agency workers are asked for an explanation;
- Further details of the case are obtained from the NMC or other relevant organisation;
- The issues are investigated further by the complaints and compliance team before decision is reached;
- For agency workers who have been struck off, the files are rejected



## Policy 13

### Disclosure of patient Information

#### Aim

To give guidance when disclosure of patient information is justified in the public interest

#### Policy

In the absence of patient consent, a legal obligation or anonymisation, any decision as to whether identifiable information is to be shared with third parties must be made on a case by case basis and must be justifiable in the 'public interest'. Public interest is the general welfare and rights of the public that are to be recognised, protected and advanced.

Disclosures in the public interest based on the common law are made where disclosure is essential to prevent a serious and imminent threat to public health, national security, the life of the individual or a third party or to prevent or detect serious crime. Disclosure without consent can be justified in the public interest to enable medical research.

Ultimately, the public interest can only be determined by the courts. However, when considering disclosing information to protect the public interest, health professionals must:

- consider how the benefits of making the disclosure balance against the harms associated with breaching the patient's confidentiality both to the individual clinical relationship and to maintaining public trust in a confidential service
- assess the urgency of the need for disclosure
- persuade the patient to disclose voluntarily
- inform the patient before making the disclosure and seek his or her consent, unless to do so would increase the risk of harm or inhibit effective investigation
- disclose the information promptly to the appropriate body
- reveal only the minimum information necessary to achieve the objective
- seek assurance that the information will be used only for the purpose for which it is disclosed
- document the steps taken to seek or obtain consent, and the reasons for disclosing the information without consent
- be able to justify the decision; and
- document both the extent of and grounds for the disclosure.

Health professionals should be aware that they risk criticism, and even legal liability, if they fail to take action to avoid serious harm. Advisory bodies, cannot tell health professionals whether or not to disclose information in a particular case but can provide general guidance about the categories of cases in which decisions to disclose may be justifiable (see below). Guidance should be sought from their Caldicott guardian, professional body or defence body where there is any doubt as to whether disclosure should take place in the public interest.

## **Policy 14**

### **General Communications and Arrangements**

#### **Aim**

To outline the general communication and arrangement processes within the company

#### **Policy**

Communication plays an essential role in the conduct of our business. How we communicate with people not only reflects on us as individuals but also on us as an organisation. The ability of communicating with colleagues, clients and candidates is of the upmost importance, and we invest substantially in information technology and communications systems which enable us to work more efficiently.

All information relating to our clients, candidates and our business operations is confidential.

We treat our paper-based and electronic information with utmost care.

Particular care is taken when using email, company website or internal message boards

Professionalism is adhered to at all times

Security of our IT systems is of paramount importance. We owe a duty to all of our clients and candidates to ensure that all of our business transactions are kept confidential.

All confidential information is secure and is used only for the purposes intended and is not disclosed to any unauthorised third party unless consent is given.

Telephone: 02890 339968, 7 days a week

## **Policy 15**

### **Health and Safety Policy**

#### **Aim**

Frontline Recruitment Group is committed to providing for the health, safety and welfare of all of its agency workers and will observe the Health and Safety at Work Act 1974 and all relevant regulations and codes of practice made under that Act from time to time.

#### **Policy**

Frontline Recruitment Group recognises that the health, safety and welfare of all agency workers, whether on the company's premises or carrying out work elsewhere is primarily Frontline Recruitment Group's responsibility and that, further, a duty of care extends to other persons whilst they are on company's premises.

The management of health and safety issues is the duty of the company's directors and ranks equally with their responsibilities for production, sales, costs and associated matters. The company directors have a duty to ensure that this policy is upheld at all times and provide the necessary funds and manpower required.

Although the implementation of this policy is a management responsibility, it is the duty of all agency workers to act responsibly, and to do everything that they can to prevent injury to themselves and others.

Frontline Recruitment Group will conduct itself in such a way to ensure, so far as is reasonably practicable, that persons not in its employment who may be affected by the Company's operations, are not exposed to risk to their health and safety. Where such risks exist, these will be brought to the attention of the agency workers.

#### **Organisation**

Overall and final responsibility for Health and Safety in Frontline Recruitment Group is that of:

Mr Jonathan St Clare is responsible for this policy being carried out.

All agency workers have the responsibility to co-operate with Frontline Recruitment Group to achieve a healthy and safe workplace and to take reasonable care of themselves and others.

Whenever a member of staff notices a health or safety problem which they are not able to put right, they should straightaway tell the appropriate person named below.

Person responsible for:

Safety training: Mr Jonathan St Clare

Carrying out safety inspections: Mr Jonathan St Clare

Investigating Accidents: Mr Jonathan St Clare

#### **Company's Responsibilities**

Frontline Recruitment Group will endeavour to ensure as far as is reasonably practicable:

- The management of health and safety risks
- The regular assessment of risks to health and safety to agency workers and others who may be affected and identifying the measures needed to comply with its health and safety obligations.

- The recording of risk assessment findings where appropriate.
- The supervision of agency workers so as practicable reasonable

#### **Workplace**

- The provision and maintenance of a safe workplace and to ensure each placement has an adequate health and safety policy in place

#### **Information**

- The provision of such information necessary to ensure the health and safety of agency workers and others
- Agency workers receive adequate training and supervision to enable them to work safely and to carry out their health and safety responsibilities efficiently.
- Clients are made aware of their responsibilities in regard to health and safety policies, standards and regulations.

#### **Accidents and Emergency Procedures**

- There is a thorough investigation of all accidents with a view to preventing their recurrence
- That all accidents are reported to the relevant bodies i.e. RQIA, RIDDOR, COSHH

#### **Agency Worker's Duties**

The Health and Safety Policy needs the full cooperation of all agency workers and all agency workers are expected to assist in its successful implementation by taking reasonable care for their own safety and that of others. In particular agency workers are required to:

- Comply with all precautions, safety instructions and directions issued by Frontline Recruitment Group and the company in which they are placed
- Take reasonable care of their health and safety and of those who may be affected by any acts or omissions and co-operate with Frontline Recruitment Group and the client in fulfilling its statutory duties.
- Use equipment only in accordance with the training and instructions provided.
- Report any faulty machinery, power supplies or work equipment straightaway to the appropriate person. Agency workers should not attempt to repair or adjust machinery or work equipment.
- Report and co-operate in the investigation of any accidents/incidents that have led or may lead to injury.
- Report any misuse or interference with work
- Ensure knowledge and compliance with Frontline Recruitment Group and the client's health & safety rules and procedures.

#### **Reporting of accidents/incidents**

- If an agency worker has an accident whilst at work or they witness someone having an accident, they should report it both to Frontline Recruitment Group and the client as soon as practicable after the event. All accidents/incidents should be reported however trivial and a record made within the company accident book.
- Failure of an agency worker to comply with any aspect of Frontline Recruitment Group or the client's Health and Safety policy will be regarded as misconduct which will be dealt with under Frontline Recruitment Group's Disciplinary Procedure.
- This policy is not contractual but will be reviewed as often as appropriate and all agency workers will be notified of any change

## **Policy 16**

### **Infection, Prevention and Control**

#### **Aim**

To ensure all agency workers are compliant with current code of practice on preventing and controlling infections

#### **Policy**

Standard Infection Prevention Control Precautions must be used in the care of **ALL** patients in **EVERY** healthcare setting. This Infection Control Policy is issued in accordance with: -

- The Health & Safety at Work etc. Act 1974.
- Control of Substances Hazardous to Health Regulations 2002: which require a risk management based approach to infection control in workplace environments
- The Management of Health & Safety at Work Regulations 1999.
- The Workplace (Health, Safety & Welfare) Regulations 1992.
- Personal Protective Equipment Regulations 1992

The above legislation and guidance have been implemented in the policy and procedures that follows. The value of this policy is to avoid and minimise any infection risks that may be present, providing a safe environment for all

Standard precautions include:

#### **Hand Hygiene Technique**

- During clinical work, wear sleeves above the elbows. If wearing long sleeves, these should be "rolled up" to the elbows
- Remove any hand or wrist jewelry with the exception of one band ring
- If wearing a band ring, wash and dry thoroughly around and under it
- Use running warm water to wet your hands then dispense one squirt of the recommended liquid soap or antiseptic into the palm of the hand
- Hold hands down below elbow height to prevent water running onto forearms.
- Rub hands together vigorously to lather all surfaces of hands and wrists, paying particular attention to thumbs, fingertips and finger webs (7 step technique). It is recommended that you wash your hands for at least 20 seconds
- Rinse hands thoroughly
- If there are lever taps turn off water using elbows. If lever taps are not present first dry hands thoroughly, then turn off the taps using a fresh paper towel
- Dispose of towels into domestic/ household waste bag, using the foot pedal to prevent re- contamination of your clean hands from the lid

#### **Environment**

- Keep surfaces free of clutter for ease of cleaning

#### **Hand Hygiene / Skin Protection**

- Before and after direct all contact with patients, their immediate environment and contaminated items

- After removing protective clothing, especially after glove removal and after touching a face mask
- Before carrying out an aseptic technique
- All cuts and abrasions must be covered with a waterproof dressing

#### **Disposable Gloves**

- When in contact with blood or body fluids, secretions, excretions and contaminated items e.g. linen or dressings.
- Before touching mucous membranes and non-intact skin.
- Note: For patients known to have infectious conditions gloves must be discarded immediately after use and changed between patients. Gloves may also be required to be changed between procedures on the same patient.
- Ensure you choose the correct glove

#### **Disposable Plastic Aprons**

- Wear aprons when in direct contact with the patient and handling infected items, dressings etc. or working around the patient's bed.
- Use in instances when splashing/contamination is anticipated.
- Aprons must always be changed between patients, after carrying out a 'dirty' procedure and before carrying out an aseptic technique.

#### **Clinical Waste / Sharps Disposal**

- Dispose of all waste promptly into the appropriate bag or container.
- Dispose of sharps into a sharps bin.
- Do not resheath needles unless there is a safe means of doing so.
- All waste bags/containers should be no more than  $\frac{3}{4}$  full.
- All waste must be sealed with a traceable tag before removal to the disposal hold area. The identification label on rigid containers must be completed

#### **Linen / Bed Screens / Curtains**

- Never discard sheets onto the floor. Always use the correct colour coded bag.
- Always deal with linen at the bedside.
- Used sheets must be rolled or folded carefully before disposal to prevent airborne dispersal of skin cells.
- 'Infected' linen should be placed into a water-soluble bag before being placed into an appropriate waterproof outer bag.
- Bed screens/curtains must be changed if visibly soiled, after a patient with an infectious condition has been discharged and routinely not less than every six months

#### **Equipment**

- Any equipment which is used for more than one patient must be decontaminated between patients.
- Decontamination will include cleaning and may be followed by disinfection or sterilisation depending on the piece of equipment.
- Manufacturer's guidance must be followed.
- Appropriate Personal Protective Equipment should be worn.

### **Spills (or spillages of body fluids stained with blood)**

- Must be cleaned up immediately by using 10,000ppm chlorine releasing agent, or use granules.
- In the patients' own home use detergent and water.
- Appropriate Personal Protective Equipment should be worn.
- Always use safely under COSHH regulations & DO NOT use chlorine releasing agents in confined space or directly onto spills of urine or vomitus.

### **Isolation of Patients**

Patients presenting with the following should be isolated in a single room pending further investigation of infectious status:

- vomiting or diarrhea if there is no clear non- infective aetiology;
- inter-hospital transfers of patients known to be colonised with MRSA or other multi- resistant bacteria;
- patients admitted from anywhere (home or other healthcare settings) with a history of colonisation with MRSA or other multi-resistant bacteria;
- newly diagnosed (or suspected) open pulmonary tuberculosis;
- undiagnosed rashes and fevers.

If any of the following are suspected the patient MUST be placed in an isolation room with negative pressure ventilation:

- Chicken Pox
- Multi-Drug Resistant Tuberculosis (MDR TB)
- Measles
- SARS or Avian influenza

### **Training**

All agency workers must carry out Infection prevention and control training before commencing work. This training is updated on an annual basis.

**Course Aim:** Upon completion of the course candidate will have an appreciation of the role they play in infection control and be able to implement good practice in the workplace.

### **Course Content:**

Chain of infection  
Good practice in hand hygiene  
Personal Protective Equipment  
Patients hygiene needs  
Waste Disposal  
Handling used linen  
Care of an in-dwelling catheter  
Have good practice in clean, safe care  
Correct management of high and low risk contamination  
Correct disposal of Sharps.

## Policy 17

### Inspections of the Nursing Agency

#### Aim

To document the responsibilities and arrangements put in place for managing a nursing agency in accordance with The Nursing Agencies Regulations (2005) and the Nursing Agencies Minimum Standards

#### Policy

Frontline Recruitment Group is regulated by The Regulation and Quality Improvement Authority and is subject to announced and unannounced inspections throughout the year.

The Regulation and Quality Improvement Authority (RQIA) was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. One of their roles is to monitor and inspect the quality and compliance processes of nursing agencies in Northern Ireland and encourage improvements in the quality of the services.

The principles of these inspections are:

- Purpose of improvement: there should be an explicit concern to improve service inspected
- Focus on outcomes: considering service delivery to the end users of the services rather than concentrating on internal management arrangements
- User perspective: focus on the experience of those for whom the service is provided, as well as on internal management arrangements
- Proportionate to risk: inspectors should modify the extent of future inspection according to the quality of performance
- Self-assessment: Inspectors should challenge the outcomes of managers' self-assessments
- Impartial evidence: Evidence, whether quantitative or qualitative, should be validated and credible
- Value for money: Inspection itself should be able to demonstrate it delivers benefits commensurate with its cost, including the cost to those inspected
- Continually learn: assessing their own impact on the service provider's ability to improve – increasing effectiveness

In order for the RQIA to carry out their role, the nursing agency must provide access to all information, processes and systems.

RQIA inspections provide an assurance to service users that the agency is adhering to and complying with all regulations, policies and procedures in accordance with The Nursing Agencies Regulations (2005) and the Nursing Agencies Minimum Standards.



## Policy 18

### Insurance Arrangements

#### Aim

To ensure Frontline Recruitment Group has appropriate insurance cover for the company's operations.

#### Policy

The insurance requirements of the agency are reviewed on a quarterly basis and also on an ad hoc basis if required due to circumstance or change in trading conditions.

Frontline Recruitment Group Insurance Cover Levels:

Insurance Type	Level of Cover	Insurance Provider
Employers Liability	£10,000,000	Lockton Insurance Brokers, Belfast
Public Liability	£10,000,000	Lockton Insurance Brokers, Belfast
Professional Indemnity	£5,000,000	Lockton Insurance Brokers, Belfast

## Policy 19

### International Recruitment of Agency Nurses

#### Aim

To ensure international recruitment is carried out on a good practice, ethical basis in accordance with inter-country arrangements

#### Policy

In accordance with DHSSPS Frontline Recruitment Group will not actively recruit from developing countries experiencing nursing shortages of their own.

International nurses will be provided with:

- HSC and independent sector employment
- Terms and conditions
- Job Description and person Specification
- Adaption programmes (if applicable)
- NMC registration process
- Geographical area and cost of living in the area to which they are moving and
- All other costs that they might incur, accommodation, uniform and transport costs.

In addition to the standard recruitment process international nurses will be asked to provide:

- Health assessment prior to placement
- Enhanced CRB Disclosure and police check in the country of origin
- Eligibility to work in the UK
  - passport showing that the holder is a British citizen, or has the right to live in the UK
  - a passport or other travel document endorsed to show that the holder can stay indefinitely in the UK, or has no time limit on their stay

No fees will be charged to international nurses being considered for recruitment or placement in the UK.

Contact details of the Nurse Manager will be given to all international nurses for any guidance or help they may need.

Guidance will be taken from the NMC website – Recruiting International Nurses and Midwives [www.nmc.org.uk](http://www.nmc.org.uk).

## **Policy 20**

### **Management and use of Medical Devices and Equipment in the Homes of Private Patients**

#### **Aim**

To ensure all agency workers are aware of the process that should be followed for the usage, maintenance and repair of medical devices and equipment

#### **Policy**

All agency workers must ensure:

- They have been appropriately trained before using any medical device or equipment
- Manufacturer instructions should always be followed
- Suitable for its intended purpose

Always check the working order of the equipment before usage on a service user.

- Before usage, check the date of the most recent maintenance check. If this is more than 12 months the device should not be used, and the agency/patient's representative should be informed to arrange for a maintenance check
- Ensure the proper size of attachments are used (if applicable)

Always document and report all adverse events relating to a device including, user problems, software failures, or problems with the instructions for use.

## **Policy 21**

### **Management Control and Monitoring of the Nursing Agency**

#### **Aim**

To document the process of managing the company's operations on a day to day basis

#### **Policy**

Frontline Recruitment Group's ethos is to ensure the service we provide is to the highest professional standards possible. In order to achieve this:

We aim to ensure that our service is of the highest quality in all aspects of our recruitment and delivery of service.

We monitor and manage our service in the following way:

- We undertake random audits of our recruitment process on an ongoing basis to ensure that we are recruiting and selecting the right agency workers and that our procedures are robust, fair and meet the needs of our service and the needs of our customers.
- We ensure that we provide on-going training and development to all parties involved in these processes.
- We audit on a weekly basis our booking processes and procedures to ensure that the service delivery is correct and of high quality.
- We seek feedback after the first assignment that an agency worker works both from our client and our agency worker.
- We have procedures in place to ensure that we obtain regular feedback on all our agency workers and our service as a whole.
- We monitor our complaints for patterns and put place actions to ensure prevention.
- We review, audit and analyse our service on a continual basis to ensure that we are constantly looking for innovative ways to improve our overall delivery and customer experience

## Policy 22

### Management of Medicines in the Homes of Private Patients

#### Aim

To provide guidance to support safe and consistent management of medicines by authorised staff in accordance with current legislation

#### Policy

#### Roles and Responsibilities

- It is Nurse Manager's responsibility to assess the service user's care requirements.
  - This includes assessing the level of support with medication the service user requires. The level of assistance should be documented in the service user's care plan
  - Nurses supporting clients with complex care needs in their own homes will ensure that clients are empowered to self-administer medication whenever possible
- All persons involved in the service user's care must be aware of the service user's needs.
  - Only agency workers that have the capacity and capability to administer or assist with medication can do so i.e. qualified nurses or care staff who have received medication training and deemed competent to do so

#### Supply of Medication

- The service user's medicines should already be in the house
- Agency workers may collect repeat medicines **only** if this is specified in the care plan
- Agency workers may assist with the repeat prescription request **only** if specified in the care plan
- All assistance in obtaining the medicines must be recorded in the care record in such a way that other care staff are able to see what has been ordered or collected.

Whilst the purchase of medicines or herbal or alternative therapies may take place if requested, the patient's GP must be informed, and medical or pharmaceutical advice sought before or at the time of the purchase, in order to reduce the risk of interactions with prescribed medicines. Care Assistants must not give any assistance with the administration of these medicines

#### Training and Competency Assessment

Any agency workers providing level 1 (assisting) support with medication must clearly understand the limits of the support to be provided, and work strictly within the instructions in the care plan. If they have any concerns regarding this, or the service user appears to require a greater level of support, the care worker must report this to the agency manager promptly.

Care workers are not permitted to give level 2 (administering) support with medication until they have:

- Received training in medicines management, and
- Been assessed as competent

Competencies will be assessed consistently and re-assessed annually

Care workers are not be permitted to give level 3 (administration by special technique) support with medication unless they have received the necessary specialist training for the task and are deemed competent.

### **Storage of Medication**

- Medicines must be stored where they are readily accessible to all carers, subject to the Medicines Risk Assessment
- Medicines should be kept out of the reach and sight of children and others to whom they may pose a risk
- Medicines should be kept away from sources of heat, light and damp
- Where the product label or packaging specifies defined storage conditions, e.g. refrigeration, this must be followed. If it becomes clear that the specified storage conditions have not been adhered to, the agency worker or their manager should seek advice from the pharmacy, dispensary, or medicines management team regarding the medicine's suitability for use
- All medicines must be kept in the packaging in which they were obtained from the pharmacy or dispensary

### **Record Keeping**

- The medication chart is the confidential, formal record of administration of medicines. It is Required for all service users receiving level 2 or 3 support with medicines and may be used as evidence in clinical investigations and court cases. It is therefore important that they are clear, accurate and up to date.
- Medication charts are not required for level 1 assistance (where the agency worker reminds or prompts the service user but does not administer the medicines). This should be recorded in the care record.
- The medication chart must provide an accurate account of the medicines being administered to the service user by the agency worker. It should document all prescribed medicines, including externally applied medicines.
- The medication chart must be retained in the service user's home while in use. Any medication charts which are no longer in use (e.g. from previous months) must be removed promptly from the premises.
- Used medication charts must be retained by the agency for a minimum of 6 years.

### **Incident Reporting**

If an agency worker is aware of having made a mistake in assisting with medicines, or notices that an error has been made they should immediately notify the agency manager. If they are unable to contact the agency manager, the agency worker should not delay seeking medical advice.

The Agency Manager will ensure the following action is taken:

- Seek advice from the GP or appropriate health professional immediately
- Enter the details of the error in the care record, and on the medication chart, both of which are kept in the service user's home
- Make a note of any changes or deterioration in the service user's health or behaviour
- Ensure the error is reported through the agency's incident reporting system, and is investigated in order to share learning and prevent recurrence

- Medicines belong to the person for whom they were prescribed and cannot be removed without that person's permission.
- Service users are responsible for disposing of their own medicines safely
- The service user or informal carer should be encouraged to return unused or unwanted medicines to a pharmacy for disposal as soon as they are no longer required or have expired.
- Agency workers should only remove medicines for disposal if this is specified in the care plan, and only if the care provider fulfils the criteria set out by the Environment Agency. Agency workers may only undertake this task if the patient is unable and there are no relatives or other informal carers to do so. In such circumstances the medicines must be taken directly to the pharmacy or dispensary.
- If agency workers remove medicines for disposal, the names and quantities should be recorded, and a copy retained with the care record. A receipt should be requested from the pharmacy accepting the items.

Training courses in Administration of Medication are available for both nurses and healthcare assistants.

**Aims of Course:**

- Understand your role in the safe administration of medicines
- Outline factors contributing to drug errors
- Discuss ways of minimising clinical risk
- Explain how client safety, compliance and well-being can be enhanced
- Explain requirements for valid consent
- To update on NMC Standards for medicines management 2010
- To outline the legal and professional requirements regarding the Administration of Medicines
- To identify the need for an effective strategy for managing clinical risk

**Course Content:**

- The 5 wrongs
- Why do mistakes happen
- Medication incidents
- Accountability and Drug Administration
- NMC Code of Conduct and Guidelines
- Record Keeping
- Drug calculations(Nurses)/basic drug calculations(Healthcare Assistants)

## **Policy 23**

### **Management of Records and Information**

#### **Aim**

The aim of this policy is to provide a framework for managing information to enable the Frontline Recruitment Group Healthcare to:

- deliver quality services by having timely access to meaningful and appropriate information
- make informed decisions
- be open and transparent
- respond appropriately to information requests from regulatory bodies
- protect vital records
- comply with the law
- protect our reputation and provide accountability over time

#### **Policy**

Frontline Recruitment Group will ensure:

- we manage information effectively.
- we are all responsible for the agency's information assets.
- we share information (responsibly) with our colleagues, partners and customers.
- we protect information, especially personal information, which cannot be shared for legal reasons, e.g. in relation to privacy, security or due to commercial sensitivity.
- we produce accurate information and meet our customers' expectations.
- we maintain our information in compliance with our statutory obligations.
- we keep adequate records of what we do, and retain them in the most cost effective way

All agency workers are responsible for documenting their actions and decisions accurately in the agency's records and for managing information in accordance with this policy and related procedures. When leaving, all agency workers must ensure that key records for which they are responsible remain accessible.

#### **Training and Awareness**

All agency workers involved in creating, maintaining and using records, will recognise information as an asset and understand their information management responsibilities as set out in this policy. Training and relevant communications will be provided to ensure that agency workers are aware of their obligations regarding Data Protection, Freedom of Information and information and records management.

Frontline Recruitment Group has a compliance system in place which stores all relevant information on clients/candidates, which can be accessed at any time for inspections. The system is designed to flag up any information which needs updated, such as registration verification and training. Any confidential information is password protected and can only be accessed by the appropriate persons.

#### **Records Management**

Records must be managed through their lifecycle: from creation, through storage and use, to disposal. The agency will maintain all records until a date which is not less than 7 years after the expiry or termination date of the relevant contracts



## **Disposal and Retention**

Information users will:

- Review records in accordance with the retention schedule when they are no longer required for on-going business or specific legal or regulatory purposes.
- Review records at the end of their retention period and arrange for secure destruction, transfer to archives or in certain circumstances give a further review date. Documentation of the disposal or transfer of records will be completed and retained.
- Ensure records subject to a Freedom of Information or Data Protection request are not destroyed

## Policy 24

### Managing Service Contracts

#### Aim

To document the process of managing service contracts ensuring each client's individual needs are met

#### Procedure

When a company/person commissions a service from Frontline Recruitment Group, the nurse manager arranges a meeting at the company/person's premises. The purpose of the meeting is to gather information of the potential service user's needs. The typical information gathered include:

- the type of nursing care needed
- any specialist needs
- the duration of the contract
- the hours needing covered – Day/Night
- do they have an induction/orientation policy for newly appointed agency staff?

A client pack is given to the potential service user, which provides company information, a service user's guide, Terms of Business, charge rates and contact details.

Once an assessment of needs is carried out and the company/person decides to use Frontline Recruitment Group Healthcare. A service contract is signed by both parties, outlining any individual requirements.

A file is set up with the service user's details and requirements. This is communicated to all office personnel who will be involved in delivering the service.

The quality of service delivered to the client is vitally important and is continually monitored using tools such review visits, client questionnaires, and courtesy calls, and spot checks on agency workers.

## **Policy 25**

### **Matching Skills and Expertise of Nurses to the Requirements of Placements**

#### **Aim**

To ensure each nurse is placed in a setting which is appropriate to her qualification, skills and experience

#### **Procedure**

- All nurses registering with Frontline Recruitment Group are interviewed and assessed by the nurse manager
- Information is recorded on the agency workers file regarding suitable placements
- Following the placement, feedback regarding the nurses' performance is requested from the manager/patient to assess whether the placement was a suitable environment
- If the need arises nurses can be reassessed regarding their placements due to development of skills, advanced qualifications, specialist courses or in some cases unsuitably to a specific setting.

## **Policy 26**

### **Monitoring and Auditing the Quality of Services**

#### **Aim**

To document the process of monitoring and auditing the quality of services of Frontline Recruitment Group

#### **Procedure**

A key component of our company strategy is to promote the delivery of consistent high quality client service. To support this objective, we have a monitoring programme in place to support the assurance practices of the company.

Service users are asked to complete client questionnaires on an annual basis

- This allows the service user to suggest any ways in which our service could be improved

Feedback is requested after placement of a nurse in a new setting.

- Information regarding her/his performance, clinical skills and attitude can determine the suitability of the placement

Audits are carried on our internal systems :

- The recruitment process, to ensure the system is robust and is serving the needs of our clients and candidates
- Individual agency workers files, to ensure all the relevant documentation is present and up to date.

Annual appraisals on staff are arranged :

- To promote performance and efficiency
- To determine if any further skills or training is required
- To give the agency worker an opportunity to communicate any career ambition or progression

All audits, feedback analysis, and appraisals are reviewed on an annual basis and are available RQIA inspections.

## **Policy 27**

### **Moving and Handling**

#### **Aim**

To ensure all agency workers registered and actively working, are appropriately trained and competent in moving and handling

#### **Policy**

Moving and handling in this policy refers to any transporting or supporting of a load including lifting, putting down, pulling, pushing, carrying, moving by hand or bodily force (Manual Handling Operations Regulations 1992 (as amended) Guidance on Regulations HSE)  
<http://www.hse.gov.uk/pubns/books/l23.htm>

Training in moving and handling is mandatory for all agency workers involved in patient/load handling and is an integral part of the risk management process.

All agency workers are required to produce documentary evidence for moving and handling training. Confirmation should include:

- Date of the training
- The name and qualification of the trainer or training agency
- The content of the training programme
- The name of the person who participated in the training

Frontline Recruitment Group will arrange moving and handling training for any agency worker where their training has expired.

#### **Course content:**

- Introduction to Moving and Handling
- The Law – HSAW (NI) ORDER 1978
- Biomechanics: Levers, Friction, Base of support.
- Spinal Anatomy: Vertebrae, discs, nerves, muscles, curves.
- Hierarchy of Manual Handling Principles in relation to Manual Handling Regulations (1992)
- Avoid, Assess, Reduce, Review
- Risk assessment using T.I.L.E.
- L.O.L.E.R. and P.U.W.E.R
- Reporting injury as stipulated by R.I.D.D.O.R
- Safely using equipment and choosing correct equipment
- Understanding which lifts are outlawed and why
- Assessing patient cognitive, physical and emotional ability
- Guiding and Slowing falls.
- Practical session on moving and handling patients in a safe manner.

Training records will be kept by the agency to ensure compliance with legal requirements of Health and Safety legislation and will be used to audit training compliance.

## **Policy 28**

### **Obtaining Comments from People who use the Nursing Agency**

#### **Aim**

To document the method of requiring comments from service users

#### **Policy**

A key component of our company strategy is to promote the delivery of consistent high-quality client service. To support this objective, we have a monitoring programme in place to support the assurance practices of the company.

Frontline Recruitment Group obtains comments from people who use the agency in the following way:

- Client questionnaires
- Client feedback forms
- Client review meetings
- Daily telephone calls
- Agency work meetings and appraisals

All information is recorded and available for inspection

## Policy 29

### Occupational Health Arrangements

#### Aim

To document the occupational health arrangements in place for agency workers.

#### Policy

All agency workers are required to complete a health declaration questionnaire which provides information on their medical history.

All health declarations are examined by the agency nurse manager. If there is any information which may be a cause for concern regarding being able to fulfil the requirements of their placements, a further occupational assessment will be asked for and a letter from the GP confirming fitness to work.

#### Occupational Health Checks for NHS Nurses Only

NHS nurses are required to be occupational health checked before working in the NHS. Checks are either cleared as EPP (Exposure Prone Procedures) or Non EPP (Non Exposure Prone Procedures) depending on their area of work.

All NHS nurses must provide vaccinations in order to obtain EPP and Non-EPP clearance. These include:

Varicella - Tests showing a positive result (immunity).

Chicken Pox/shingles - Self declaration

Tuberculosis - Occupational Health or GP certificate of a positive scar or a positive skin test result.

#### Rubella

> 15 UI/ml	Immune
10 – 14 UI/ml	Low Level Immunity
< 10 UI/ml	Non- Immune

Hepatitis B - A recent pathology report showing titre levels of > 100IU/l. If the result is <100IU/l then a Hepatitis B Booster is required.

Measles/Mumps - Positive result (Immunity)

## Policy 30

### Operational Policy

#### Aim

To set out the roles and responsibilities within Frontline Recruitment Group

#### Policy

##### The Management of Frontline Recruitment Group

Frontline Recruitment Group is committed to Quality Assurance. The service is coordinated by a registered Nurse who oversees its administration and compliancy on a day to day basis. All agency workers are fully vetted at an enhanced level and undergo refresher training and orientation program. All Healthcare Consultants working within Frontline Recruitment Group will be fully trained by the Nurse Manager, and will undergo training and development as required.

Victoria Neale is the Registered Manager:

- BSc (Hons) Adult Nursing
- 7 years post registration experience
- Managerial experience at Band 6 and Band 7

##### Arrangements for safeguarding and promoting the health and well-being of people using services provided by the agency

All agency workers supplied to the service user will have the appropriate experience and level of skills required to provide the specific care needed for each individual setting.

Agency workers will undergo annual mandatory training, including Moving and Handling, Infection Control, Basic Life Support, Fire Safety and 3 yearly Protection of Adults at Risk of Harm and of Children at Risk of Harm.

##### Arrangement for the notification of reportable events

Frontline Recruitment Group is required, by legislation, to report any notifiable events. These reports are carried out by the registered manager. All incidents, events must be investigated in an appropriate manner and dealt with in a way to ensure the safe well-being of service users and agency workers.

##### Accounting and Financial Control Arrangements

#### Payroll

- Agency workers complete a timesheet which must be verified and confirmed by an authorised signatory



- Timesheets for the previous week must be presented to Payroll before 10am each Monday for weekly Friday payment
- Any late or incomplete timesheets will result in a delay of payment

### **Invoicing**

- Invoices are raised internally
- Invoices will be accompanied with a copy of timesheets to verify hours carried out

### **Insurance Arrangements**

Frontline Recruitment Group has the adequate insurance in place to cover all aspects of the organisation. Copies of insurance certificates are retained in the office.

### **Arrangements for Keeping Documents and Records**

Frontline Recruitment Group has a system in place which stores all relevant information on clients and agency workers, which can be accessed at any time for inspections. The system is designed to flag up any information which needs updated, such as registration verification and training. Any confidential information is password protected and can only be accessed by the appropriate persons.

All manual documentation will be stored in a locked cabinet which will only be accessed by the appropriate persons. All information will be available for RQIA inspections.

### **Arrangement for Dealing with Complaints**

Clients and agency workers are advised to make their complaints in the first instance to the Registered manager. If the complaint involves The Registered Manager, the Responsible Person can be contacted on the address within.

All complaints, verbal or written, are recorded and retained in the office, and should be formally acknowledged within 5 working days. All efforts will be made to resolve the complaint within 28 working days, however, if there is a delay, the complainant will be informed.

If, for any reason the complainant is unsatisfied with the outcome, a referral can be made to the RQIA.

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast BT7 2JA  
Tel : 028 9536 1111

## **Policy 31 Whistle Blowing**

### **Aim**

To ensure any individual can raise concerns about wrongdoing or malpractice, without fear of victimisation, subsequent discrimination, disadvantage or dismissal.

### **What is Whistle Blowing?**

The term whistle blowing is used to describe a situation where a worker makes a protected disclosure about a wrongdoing in their workplace. This can be reported as a protected disclosure to a prescribed body, and their employment rights will be protected

### **What is a Protected Disclosure?**

Workers who are concerned about wrongdoings or failures can make disclosures to a prescribed body, for example RQIA. For a disclosure to be protected by the Public Interest Disclosure (Northern Ireland) Order 1998 (Amended Jan 2011).

The worker must:

- Make the decision in good faith, which means with honest intent and without malice
- Reasonably believe that the information, and any allegation it contains is substantially true, and
- Reasonably believes that they are making the disclosure to the correct/appropriate 'specified person'

### **Qualifying Disclosures**

Certain kind of disclosures qualify for protection. If a worker believes that one or more of the following are happening now; took place in the past or is likely to happen in the future; they can report these to a prescribed body:

- A criminal offense
- A breach of obligation
- A miscarriage of justice
- A danger to the health or safety of any individual
- Damage to the environment
- Deliberate covering up of information relating to any of the above five matters

### **What do you do if you have concerns?**

In the first place, you should talk informally to the Nurse Manager of Frontline Recruitment Group. The Nurse Manager will follow Frontline Recruitment Group's internal policies about reporting concerns.

**Victoria Neale, Nurse Manager, Frontline Recruitment**  
**Group 21 James Street South**  
**Belfast, BT2 7GA**  
**Tel : 028 90 339968 (24 hours)**

The Nurse Manager will deal quickly and effectively with concerns from workers about the organization. However, if you have raised a concern and do not believe that management has dealt with the matter properly, you can take it further by making a protected disclosure to RQIA, or another prescribed body such as Northern Ireland Social Care Council.

Within ten working days of a concern being raised, the nurse manager will write to you:

- acknowledging that the concern has been received
- indicating how the Frontline Recruitment Group proposes to deal with the matter
- supplying you with information on support mechanisms
- telling you whether further investigations will take place and if not, why not

It is likely that you will be interviewed to ensure that your disclosure is fully understood. Any meeting can be arranged away from your workplace, if you wish, and a union or professional association representative or a friend may accompany you in support.

You need to be assured that your disclosure has been properly addressed. Unless there are any legal reasons why this cannot be done, you will be kept informed of the progress and outcome of any investigation.

This policy is intended to provide you with an avenue within Frontline Recruitment Group to raise concerns.

If you feel it is right to take the matter outside Frontline Recruitment Group, the following is a prescribed contact

### **How to raise concerns with RQIA**

You can contact RQIA by telephone, email or letter. RQIA staff will ensure that the information is passed on to the appropriate person within the organisation, who can decide what action to take.

Regulation and Improvement Authority (RQIA)

James House,  
2-4 Cromac Avenue,  
Belfast BT7 2JA.

Tel: 028 9536 1111

Email: [info@rqia.org.uk](mailto:info@rqia.org.uk)

Website: [www.rqia.org.uk](http://www.rqia.org.uk)

### **What RQIA Does with Concerns**

Depending on the details of the disclosure, RQIA may do one or more of the following:

- Review the information to decide if it warrants an unannounced inspection of the service
- Review the information in line with the Protocol for the Joint Investigation of Alleged or Suspected Cases of Abuse of Adults at Risk of Harm
- Escalate in line with RQIA's escalation policy and procedure
- Raise the matter directly with the service provider
- Contact the DHSSPS, HSC Board or the relevant HSC trust to decide on appropriate action
- Notify another public body to lead an investigation of concern, as appropriate, with the involvement of RQIA, when required
- Notify the Police Service of Northern Ireland if the information is about an alleged criminal offense

### **Anonymous Information and Confidentiality**

Where a worker provides RQIA with information anonymously, and provides no contact details, the RQIA cannot invite them to discuss their concerns. Nevertheless, all anonymous disclosures will be treated in the same manner as those which come from the public.

If the worker's identity and contact details are disclosed but the information is provided in confidence, RQIA will respect the worker's request for anonymity. However, this may not be possible in every circumstance, as they may have to share information with a third party that could require the identification of the source. For example, depending on the information given, they may need to contact the PSNI about alleged criminal activity or another public authority under the provisions of the protocol for the Joint Investigation of Alleged or Suspected Cases of Abuse of Adults at Risk of Harm, or under the Regional Child Protection protocols. When these circumstances apply, the whistle-blower will be advised at the time the onward disclosure is made.

RQIA may make direct contact with the whistle-blower where contact details have been given and it is considered necessary. RQIA is not obliged to provide whistle-blowers with an account of any actions taken in response to their concerns.

A public disclosure to anyone else could take you outside the protection of the Public Interest Disclosure Act and of this policy

This Policy does not prevent you from taking your own legal advice.

## **Policy 32**

### **Providing 24-hour Support for Patients in their own Homes and Agency Nurses**

#### **Aim**

To ensure Frontline Recruitment Group has a system in place to allow 24-hour contact from clients and agency workers.

#### **Policy**

Frontline Recruitment Group contact telephone number: **02890 270 747** 24hours a day, 7 days a week, 365 days of the year.

If for any reason your call is missed, please leave a name, number and reason for your call and a member of our staff will return your call as soon as possible.

## **Policy 33 Individuals at Risk of Harm**

### **Aim**

This policy aims to:

- promote zero-tolerance of harm to all adults from abuse, exploitation or neglect;
- influence the way society thinks about harm to adults resulting from abuse, exploitation or neglect by embedding a culture which recognises every adult's right to respect and dignity, honesty, humanity and compassion in every aspect of their life;
- prevent and reduce the risk of harm to adults, while supporting people's right to maintain control over their lives and make informed choices free from coercion;
- encourage organisations to work collaboratively across sectors and on an interagency and multi-disciplinary basis, to introduce a range of preventative measures to promote an individual's capacity to keep themselves safe and to prevent harm occurring;
- establish clear guidance for reporting concerns that an adult is, or may be, at risk of being harmed or in need of protection and how these will be responded to
- promote access to justice for adults at risk who have been harmed as a result of abuse, exploitation or neglect;
- promote a continuous learning approach to adult safeguarding by working in conjunction with Adult Safeguarding, Prevention and Protection in Partnership

### **Policy**

#### ***Definitions of Child at Risk of Harm***

Someone who is under the age of 18 years of age who is or may be unable to protect himself or herself against significant harm or serious exploitation.

#### ***Definition of an Adult at Risk of Harm***

An adult at risk of harm is a person over 18 years of age who is or may be in need of community services by reason of mental or other disability, age or illness and who is or may be unable to care of himself or herself, or unable to protect himself or herself against significant harm or serious exploitation.

#### ***Physical Abuse***

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child or adult at risk of harm. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child whom they are looking after. This situation may be described as fabricated or induced illness by carer.

#### ***Emotional/Psychological Abuse***

Emotional abuse is the persistent emotional ill treatment of a child or adult at risk of harm such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened

or in danger, for example, by witnessing domestic abuse within the home or by being bullied, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone

### ***Financial Abuse***

Financial abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion or deception. This may include exploitation, embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

### ***Sexual Abuse***

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Sexual abuse towards adults at risk of harm includes rape and sexual assault or sexual acts to which the adult at risk of harm has not or could not consent and/or was pressured into consenting.

### ***Institutional Abuse***

Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisation, within and outside the HSC sector. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

### ***Neglect***

Neglect is the persistent failure to meet a child or adult at risk of harm's basic physical and/or psychological needs, likely to result in the serious impairment of the child or adult at risk of harms health or development. It may involve a parent or caregiver failing to provide adequate food, shelter and clothing, failing to protect a child or adult at risk of harm from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child or adult at risk of harm's basic emotional needs.

### ***Exploitation***

Is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking. This list of types of harmful conduct is not exhaustive, nor listed here in any order of priority. There

are other indicators which should not be ignored. It is also possible that if a person is being harmed in one way, he/ she may very well be experiencing harm in other ways.

## **Related Definitions**

There are related definitions which interface with Adult Safeguarding, each of which have their own associated adult protection processes in place.

### ***Domestic violence and abuse***

Domestic violence and abuse is threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation. Domestic violence and abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography.

### ***Human trafficking***

Human trafficking involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

### ***Hate crime***

Hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity. Victims of domestic violence and abuse, sexual violence and abuse, human trafficking and hate crime are regarded as adults in need of protection. There are specific strategies and mechanisms in place designed to meet the particular care and protection needs of these adults and to promote access to justice through the criminal justice system. It is essential that there is an interface between these existing justice led mechanisms and the HSC Trust adult protection arrangements described in this policy.

All employees and particularly those working with children and adults at risk of harm are responsible for:

- Ensuring that they are familiar with and understand the policies and procedures relating to their work with or in the vicinity of children and adults at risk of harm.
- Ensuring that they feel confident in working within this environment and working with their agency to ensure that they have the knowledge and skills to carry out their tasks in this context.
- Treating all those adults and children at risk of harm with whom they come into contact while carrying out their work equally and with respect.
- Reporting to the registered manager any concerns they may have about abuse or a lack of care of children and adults at risk of harm either from other staff, from carers, parents or those in loco parentis or between members of the group.



***What do you do if a child or adult at risk of harm discloses to you that they are being abused? Do:***

- Stay calm.
- Listen carefully
- Find an appropriate, early opportunity to explain that it is likely that the information will need to be shared, but only with people who need to know and who can help.
- Allow the victim to continue at their own pace
- Ask questions for clarification only and at all times avoid asking questions that suggest a particular answer.
- Reassure the victim that they have done nothing wrong in telling you
- Tell them what you will do next and with whom the information will be shared
- After the victim has disclosed, record in writing what was said using the victim's own words as soon as possible. Note the date and time, any names mentioned and to whom the information was given. Ensure the record is signed and dated. Try not to take notes at the time as this can be intimidating.
- Relay this information as soon as possible to the registered manager of Frontline Recruitment Group

**Do not:**

- Dismiss the concern
- Panic
- Allow your shock or distaste to show
- Probe for more information than is offered
- Make promises you cannot keep such as agreeing not to tell someone else, keeping secrets
- Speculate or make assumptions
- Approach or contact the alleged abuser
- Make negative comments about the accused person
- Pass on the information to anyone other than those with a legitimate "need to know" such as the Frontline Recruitment Group's Registered Manager
- Delegate to others as the victim has specifically chosen you to talk to.

***Confidentiality***

In normal circumstances observing the principle of confidentiality will:

- Mean that information is only passed on to others with the consent of the service user.
- However, it should be recognised that in order to protect adults at risk of harm, it may be necessary, in some circumstances to share information that might normally be regarded as confidential
- All adults at risk of harm and where appropriate, their carers or representatives need to be made aware that the operation of multidisciplinary and inter-agency procedures will on occasion require the sharing of information in order to protect an adult at risk of harm or others, or to investigate an alleged or suspected criminal offence. Any allegations of abuse or misconduct perpetrated by agency workers will be investigated and may lead to exclusion from the agency. Behaviour which is found to be in breach of the Code of Conduct or abuse of an adult at risk of harm by a member of staff will be treated as gross misconduct and will result in dismissal and a referral made to the relevant authorities. Frontline Recruitment Group will not hesitate to inform relevant statutory bodies in cases where staff are suspected of abuse or misconduct to adults at risk of harm.

## **Safeguarding Champion**

Any allegation, concern or disclosure should be reported to the nominated Safeguarding Champion within Frontline Recruitment Group, **Victoria Neale** whose role includes providing information and support for staff on adult safeguarding, ensuring that the adult safeguarding policy is disseminated to all staff throughout the organisation, advising within the organisation regarding adult safeguarding training needs, providing advice to staff who have concerns about the signs of harm, supporting staff to ensure that any actions take into account of what the adult wishes to achieve, establishing contact with the designated Adult protection officer and other agencies as appropriate, ensuring accurate and up to date records are maintained detailing decisions made, the reasons for those decisions and any actions taken, compiling and analysing records of reported concerns to determine whether a number of low level concerns are accumulating to become significant and making records made for inspection will. The safeguarding Champion will immediately inform the relevant authorities, including local safeguarding teams, the RQIA, the Police, The Health and Social Care Trust and The Northern Ireland Social Care Council as required, and will cooperate in any investigation.

## **Safeguarding steps in the recruitment of staff**

Frontline Recruitment Group will take all reasonable steps to ensure that unsuitable people are prevented from working with adults and children at risk of harm through:

- Enhanced Access NI checks
- Identification checks
- Character and work references

## **Contacts for Safeguarding Teams – Mon-Fri 9am-5.00pm :**

### **BHSCT APST**

Tel: 028 95041744

Email: [adultsguarddutydesk@belfasttrust.hscni.net](mailto:adultsguarddutydesk@belfasttrust.hscni.net)

### **NHSCT APST**

Tel: 028 94413659

Email: [adultsafeguarding@northerntrust.hscni.net](mailto:adultsafeguarding@northerntrust.hscni.net)

### **SEHSCT APST**

Tel: 028 92501227

Email: [adultprotectiongatewayteam@setrust.hscni.net](mailto:adultprotectiongatewayteam@setrust.hscni.net)

### **SHSCT APST**

Tel: 028 37564423

Email: [adultsafeguard.team@southerntrust.hscni.net](mailto:adultsafeguard.team@southerntrust.hscni.net)

### **WHSCT APST**

Tel: 028 71611366

Email: [adultsafeguarding.referral@westerntrust.hscni.net](mailto:adultsafeguarding.referral@westerntrust.hscni.net)

## **Out of hours Regional Emergency contact number:**

Tel: 028 95 049999

## **Policy 34**

### **Recruitment and Selection of Staff**

#### **Aim**

To ensure a professional and consistent approach to recruitment and selection; adherence to Monitor's Equality and Diversity Policy and relevant employment legislation and that members of staff are recruited on the basis of their ability.

#### **Procedure**

Following a request for registration with Frontline Recruitment Group, candidates are directed to our website to complete an application form. Upon completion, a profile is generated for candidates on our You recruit system.

Candidates can then download our app where they can view and upload all required documents for registration with Frontline.

#### **Interview**

- Face to face interview with the nurse manager
- Identity - photographic ID is checked during the interview is confirmed
- Application form is explored
  - relevant work history
  - gaps in work history explained
- Pre employment health questionnaire explored
- Current registration with NMC confirmed (this check is automatically generated and recorded when the candidate completes the application form)
- Professional Indemnity Confirmation
- Photographic ID photocopied
- Proof of address confirmed
- Evidence of ongoing professional development photocopied
- Communication skills assessed
- Clinical skills and experience discussed

#### **Following Interview**

- Enhanced Access NI form sent
- 2 references sent – One from most recent or present employment if possible
- Arrangements made for any training updates needed

On return of clear Access NI certificate and 2 satisfactory references., the registered manager will examine the nurse's file to ensure all relevant documentation and information is present before clearing the nurse for work. The applicant will be placed in the appropriate Healthcare setting according to their skills, qualifications and experience.

The nurse will then be forwarded a uniform, ID badge, Agency Handbook, and a copy of our "Terms of Engagement – Agency Workers" and a copy of our "Policies & Procedures". The nurse will be provided with a uniform, details of our on line training academy, details of the App, details of how to access the Agency Handbook and Policies and Procedures document and all other information necessary to proceed.

Availability will be obtained, and our healthcare consultants will commence placement according to the registered manager's instructions.

## **Equal Opportunities**

Frontline Recruitment Group are committed to achieving a working environment which provides equality of opportunity and freedom from discrimination on the grounds of race, gender, religious belief, sexual orientation, class, age, disability or special needs. The Agency is also committed to building a workforce that is diverse and reflects the community around us.

Frontline Recruitment Group are committed to a policy of equal opportunities for all and require all agency workers to abide by and adhere to this general principal and to the requirements of the Code of Practice laid down by the Equal Opportunities Commission for Racial Equality.

## **Policy 35**

### **Quality Improvement**

#### **The Aim**

To ensure that we deliver a consistent efficient, cost-effective and professional service to pre-defined standards, which meet the needs of service users and agency workers.

#### **Policy**

The key processes which support our quality improvement are:

- Self-Assessment Process
- Team meetings
- Previous Reviews
- Stakeholder feedback
- Observations
- External reports

This information should be stored in the Quality Management File to inform and evidence the self-assessment process.

- Stakeholder feedback - Termly surveys, planned review meetings, informal feedback can be gathered at all levels, complaints and compliments
- Performance reviews, plans and targets
- Continuous Professional Development, training and support

All information gathered is examined and evaluated. Learning from feedback and complaints is a crucial step in improving the processes and quality of our operations.

## **Policy 36**

### **Reporting Arrangements to the Registered Person**

#### **Aim**

To ensure all agency workers are fully aware of the procedure in placement for reporting

#### **Policy**

All complaints, concerns and safeguarding issues should be reported in line with the following policies:

- Complaints
- Protection of Adults at Risk of Harm
- Safeguarding Children

All agency workers must familiarise themselves with these policies and report complaints, concerns and safeguarding issues in line with the procedures outlined in these policies.

All concerns should immediately be reported to the Registered Manager. Following the receipt of any allegation, concern or disclosure, the Registered Manager will investigate and immediately inform the responsible person, the relevant authorities, including local safeguarding teams, the RQIA, the Police, The Health and Social Care Trust and The Northern Ireland Social Care Council as required.

## **Policy 37**

### **Reporting, Recording and Notifying Accidents, Incidents, Infectious Diseases and Deaths**

#### **Aim**

To document and clarify the process of reporting the above events

#### **Policy**

This policy is based on the guidance on how the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to the health and social care sector. It is aimed at employers and others in health and social care, who have a duty to report under RIDDOR.

RIDDOR requires employers and others to report deaths, certain types of injury, some occupational diseases and dangerous occurrences that 'arise out of or in connection with work'. Generally, this covers incidents where the work activities, equipment or environment (including how work is carried out, organised or supervised) contributed in some way to the circumstances of the accident.

#### **Reportable Events**

The following are reportable, if they arise 'out of or in connection with work':

- the death of any person, whether or not they are at work.
- accidents which result in an agency worker dying, suffering a specified injury, being absent from work or unable to do their normal duties for more than seven days.
- accidents which result in a person not at work (e.g. a patient, service user, visitor) suffering an injury and being taken directly to a hospital for treatment, or if the accident happens at a hospital, if they suffer a specified injury.
- an agency worker has one of the specified occupational diseases or is exposed to carcinogens, mutagens and biological agents.
- specified dangerous occurrences, which may not result in a reportable injury, but have the potential to do significant harm.

When an agency worker is involved in one of the above events, the registered manager of the agency will be the person responsible for reporting the occurrence to the appropriate bodies e.g. RIDDOR, RQIA. In the event, the occurrence took place on the service user's premises, the agency manager will liaise with the service user in the in order to gather the essential information.

#### **Reporting to RIDDOR**

All incidents can be reported online but a telephone service is also provided for reporting fatal and specified injuries **only** - call the Incident Contact Centre on 0845 300 9923 0845 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

## **Record Keeping**

A record of any reportable injury, disease or dangerous occurrence for three years. This must include:

- the date and method of reporting;
- the date, time and place of the event;
- personal details of those involved;
- the injury;
- a brief description of the nature of the event or disease.

A record must be kept of all over-three-day injuries.

## **When to Report**

Although the Regulations specify varying timescales for reporting different types of incidents, it is advisable to report the incident as soon as possible. In cases of a reportable death, specified injury, or dangerous occurrence, the enforcing authority must be notified without delay.

A list of reportable incidents can be found on HSE website.



## **Policy 38**

### **Responding to Requests for Private Nursing Care**

#### **Aim**

To detail the arrangements for dealing with requests from people who are seeking agency nurses to provide private nursing care in their own homes

#### **Procedure**

When Frontline Recruitment Group is contacted by a service user requesting private nursing care in their own home, the nurse manager will arrange a visit, where an assessment of nursing care and risk is carried out. If appropriate, a representative, other providers, or members of the multi-disciplinary team may be present.

Following the assessment, the nurse manager will identify a nurse with skills and expertise which will match the nursing requirements of the client.

All information including associated factors and risks are given to the nurse prior to placement and an introductory meeting is arranged with the service user.

A service user's guide that provides comprehensive, up to date information about the nursing agency is given to the client.

A written service is provided by the nursing agency within seven days of commencement of service. The client and the nursing agency each have a copy of the contract that is signed and dated by the client and the registered manager of the nursing agency.

## **Policy 39**

### **Review and Revision of Policies and Procedures**

#### **Aim**

To outline the steps required to, review, revise, and approve nursing policies and procedures. This process assures nursing practice is evidence based and consistent with any current legislative changes.

#### **Procedure**

The review and revision of policies and procedures is the responsibility of the registered manager. The reviews occur annually, or if change in legislation dictates.

Any additions or changes to policies and procedures will be communicated to all appropriate agency workers.

## **Policy 40**

### **Review and Revision of the Service Users Guide**

#### **Aim**

To ensure all information received by service users is up to date with the current services.

#### **Policy**

The review and revision of the service user's guide is the responsibility of the registered manager who:

- will review annually or where a change of legislation or service dictates
- will notify the RQIA of any material revision within 28 days
- will arrange for updated copies to be provided to service users

## **Policy 41**

### **Reviews and Reassessment of Nurses**

#### **Aim**

To document the process of reviewing and reassessing nurses' work-related performance whilst working as an agency worker with Frontline Recruitment Group.

#### **Policy**

The registered manager reviews each agency nurse' work related performance through verbal or written feedback from clients and by clinical supervision and appraisals. These reviews take into account any comments or feedback that have been received throughout their employment with Frontline Recruitment Group.

An annual review is also carried out on their compliance file ensuring all documentation is up to date, including all mandatory training, NMC registration verification, and professional indemnity.

Agency nurses continually receiving negative comments/reviews from service users will be asked to attend a meeting with the registered manager to discuss any concerns or problems they may be experiencing and to perhaps reassess their placements with the agency.

In addition, agency nurses who do not provide the updated documentation required for compliance will be placed "on hold" until the relevant certification is provided.

## **Policy 42**

### **Risk Assessment and Management**

#### **Aim**

To outline the operational processes created to eliminate, reduce or minimize the risks as much as is 'reasonably practicable'.

#### **Policy**

The Management of Health and Safety at Work (MHSW) Regulations 1999 require all employers to assess the risks from their work on anyone who may be affected by their activities.

Within the agency the parties potentially at risk are the service user and agency worker.

One of the fundamental measures within the operational framework of the agency is to ensure all requirements and prohibitions imposed by relevant statutory bodies are stringently followed.

- The recruitment process including all the relevant checks including Access NI clearance, two relevant references, Identification checks, qualification and registration verification and occupational health requirements are met
- Compliancy in mandatory training and updates
- Policies and procedures are put in place and adhered to by the relevant parties

A system is in place which stores all relevant information on clients and agency workers, which can be accessed at any time for inspections. The system is designed to flag up any information which needs updated, such as registration verification and training. Any confidential information is password protected and can only be accessed by the appropriate persons.

Frontline Recruitment Group has created an environment of continued self-assessment through a quality improvement process (Policy 35) in order to analyse errors or create changes in order to improve safe practice for both service users and agency workers.

As an employment agency we are subject to unannounced inspections throughout the year by The Regulation Quality and Improvement Authority (RQIA). All aspects of the business are examined and audited to ensure there are visible and rigorous structures, processes, roles and responsibilities in place to deliver, monitor and promote safety and quality improvements in the provision of health and social care.

## **Policy 43**

### **Smoking**

#### **Aim**

To outline the restrictions and regulations regarding smoking.

#### **Policy**

The Smoking (Northern Ireland) Order 2006 makes provision for the prohibition of smoking in enclosed public places and workplaces.

Agency workers who undertake assignments either in hospitals, nursing homes and Service Users own homes must only smoke in a designated area which has been agreed with the Service User or advocate. Details of this designated area will be noted in the Service Users Care Plan.

## **Policy 44**

### **Agency Worker Induction**

#### **Aim**

To document the steps put in place for the induction of agency workers.

#### **Policy**

An effective induction process provides a variety of benefits for both the agency worker and the client, emphasising key issues relating to high quality patient care and the efficient delivery of services.

All agency nurses are provided with an 'Agency Handbook' which provides all the information they require in order to fulfil their role.

It sets out the standards, with which they are expected to comply with, and gives them clear policies and procedures to follow.

Due to the nature of agency work, agency workers may be placed in a number of different workplaces over a period of time. It is therefore important that each client devises their own specific Induction programme in order to orientate each new agency worker placed there.

Induction of new agency workers should include:

- Meet and greet
- Specific duties and responsibilities during the shift
- General introductions to relevant staff
- Tour of the facility
- The location of any important documents e.g. Accident/incident books, policies and procedures, emergency phone numbers, care plans
- Alarm system
- Fire Procedure

Agency workers are encouraged to feed back to the agency, regarding their induction and orientation in a new placement.

## Policy 45

### Clinical Supervisions and Appraisals for Nurses

#### Aim

- To ensure that each agency worker understands Frontline Recruitment Group's philosophy and aims and is able to translate these into the evaluation, delivery and monitoring of care given to individuals, thus maintaining and developing the service provided;
- To provide regular review of the work undertaken with individuals, with a focus on successes, problem areas, discussion of solutions, etc;
- To provide support and professional guidance, enabling the agency worker to gain a greater understanding (e.g using the experience of the supervisor) of the "environmental" or less obvious factors impacting any given situation, clarifying roles and responsibilities, etc;
- To promote the personal and professional development of agency workers, identifying training needs, for example, on an ongoing basis;
- To promote positive relationships, not only between the agency worker and the supervisor, but with colleagues etc, facilitating a good working atmosphere;
- To discuss the causes and alleviation of stress within the workplace.

#### Supervisions

- All agency workers will receive the support and guidance they need to carry out their jobs. Such support will be available through the normal day-to-day supervisory and managerial processes although all agency workers will have organised and regular review sessions with a nominated person. This process is known as supervision which will cover the following areas:
  - Summary of areas worked;
  - Objectives and action plan from previous supervision and whether they have been achieved;
  - Training course completed since the last supervision and planned future training courses;
  - Feedback on the training courses;
  - Discussion of overall performance including feedback from clients;
  - Discussion of issues raised by the supervisor/agency worker and
  - Action plan in order to address any issues or identified needs

Each agency worker who is to be the subject of supervision will be informed by his/her manager. The aim will be to have one to one supervision from a senior member of staff at least annually (in addition to the annual performance appraisal) and each session will be planned/scheduled to give sufficient notice to the agency worker. Each session of supervision will be recorded and filed in the agency workers compliance file.

#### Appraisals

In addition, the agency worker will be appraised on an annual basis. The purpose of the appraisal is to summarise the agency worker's performance for the previous year (taking account of previous supervisions performed during the year the year under review) as well as the agency worker's training and development needs. The appraisal process is more formal and involves:

A detailed review of the agency worker's performance over the appraisal period.

The appraisal will then look forward by setting objectives and areas for improvement and a training and development needs analysis will be performed with the end result being a training and development plan which will be agreed with the agency worker.



## **Agency Worker Responsibilities**

Supervisions and appraisals are important processes which will ensure that regular dialogue take place on all important matters which relate to service delivery and the care of clients. Whilst Frontline Recruitment Group will ensure that the process takes place, in an appropriate fashion, agency workers will need to make them-selves available and contribute to the process of continuous learning. The supervision and appraisal process will provide agency workers with an action plan for training and development. Agency workers will need to work with the company to ensure that these training and development needs are met.

## Policy 46

### Disciplinary Procedure

The matter of a disciplinary procedure for Agency Workers is more complex than when the Worker is a direct employee. Contractually the agreement between the Agency Worker and the agency is a “contract for services” agreement. This fundamentally suggests a freelance arrangement and hence an agency worker will not be subject to the same disciplinary procedures as a direct employee. As there is no obligation on the Agency Worker to ever accept any work from the Agency, and similarly there is no obligation on the Agency to ever offer any work to an Agency Worker the relationship between the Agency Worker and the Agency can be terminated by either side at any time for any reason.

In the event of “disciplinary” matters arising, each situation will need to be judged on its own merits. There may be cases whereby a Client will be required to apply their disciplinary procedure in order to comply with legislation. Likewise, there may be occasions when it is necessary for Frontline Recruitment Group to use its own procedures. This cannot be an arbitrary decision but needs to be made in full consideration of the changing legislation and in context with the circumstances of the problem / complaint. Frontline Recruitment Group operates comprehensive Disciplinary Policy and Procedures for its direct employees and full details are available on request. The difference in application of disciplinary procedures to Agency Workers will in no way affect robust investigation of all incidents and complaints as detailed below.

#### **Removal from the Frontline Recruitment Group Register**

Your registration with the Agency can end at any time at the discretion of the Agency. The following are examples of circumstances that may lead to your registration with the Agency ending but is not exhaustive:

- Where an Agency Worker's conduct or standard of work has seriously fallen below the level required by Frontline Recruitment Group's Code of Conduct (for full details refer to the Agency Handbook).
- If it is believed that an Agency Worker has acted in an unprofessional manner, Frontline Recruitment Group reserves the right to remove you from your assignment and not re-assign until the matter has been investigated and resolved. The Agency is under no obligation to re-assign any Agency Worker regardless of the outcome of any investigation. Similarly, in instances of unprofessional conduct we reserve the right to remove an Agency Worker from an assignment without conducting an investigation
- Where an Agency Worker behaves in a rude or threatening manner to any member of Frontline Recruitment Group's own staff, to a service user or to a Client's member of staff
- If Frontline Recruitment Group has been alerted by the NMC, GMC or other regulatory bodies with regard to practicing Agency Workers.

Examples of conduct which could lead to removal from the register are as follows. This list is not exhaustive:

- Breach of the Agency Code of Conduct for Agency Workers
- Failure to attend a Client having accepted an assignment or repeated lateness.
- Failure to provide care in a fashion consistent with the Agency's Code of Conduct for Agency Workers (see Agency Handbook) or in a caring and appropriate manner, e.g. sleeping on duty, non-adherence to clinical instruction.
- Failure to carry out reasonable instructions of the Client or Frontline Recruitment Group.
- Breach of trust involving the client or Frontline Recruitment Group
- Disclosure of confidential information to a third party relating to either a Client or Frontline Recruitment Group

- Misconduct and/or gross misconduct - any behaviour which potentially puts any Client, individual or person at risk of harm at risk or puts Frontline Recruitment Group at risk including the following (non-exclusive and non-exhaustive) list:
  - Being under the influence of alcohol or any substance that will adversely affect your performance
  - Possession, custody or control of illegal drugs while on duty, or the supply of illegal drugs to Clients, their families or representatives
  - Theft or stealing from Clients, colleagues or members of the public
  - Other offences of dishonesty
  - Abusive or violent behaviour including physical, sexual, psychological, emotional, financial abuse of a Client, a member of their family, or their representative or deliberate act of omission which leads to harm or potential for harm to someone from this group
  - Fighting with or physical assault on other workers, Clients or members of the public
  - Harassment, bullying and/or discrimination
  - Sexual misconduct at work
  - Gross insubordination, aggressive/insulting behaviour or abusive/excessive bad language
  - Falsification of a qualification which is a stated requirement of the Worker's employment/registration or which results in financial gain to the Worker
  - Falsification of records, reports, accounts, expense claims or self-certification forms whether or not for personal gain
  - Failure to observe Frontline Recruitment Group procedures or rules
  - Unsatisfactory work
  - Damage, deliberate or otherwise, to or misuse of a Client's or Frontline Recruitment Group's property
  - Gross negligence which covers acts of neglect, misuse or misconduct and/or not following requirements of the care plan or care instruction (deliberate or otherwise) which exposes Clients, Client/patients, their representatives, colleagues or branch staff to unacceptable levels of risk and/or danger
  - Conviction of a criminal offence, caution by a police constable or being bound over by a court where this is relevant to the worker's employment/registration or failing to disclose a criminal offence, caution or bind over (including those which would be considered 'spent' under the Rehabilitation of Offenders Act 1976) which occurred before engagement with Frontline Recruitment Group
  - Inappropriate relationship with Client or customer
  - Other acts of misconduct may come within the general definition of gross misconduct.

You are advised to read both your Terms of Engagement for Frontline Recruitment Group Agency Workers and the Agency Handbook in full, to ensure you fully understand what we ask of you. Agency Workers cannot work if their health or physical ability impedes them from carrying out their duties effectively.

### **Procedures for Formal Investigations, Complaints Reporting, Handling and Management**

Where an incident or complaint merits a formal investigation, this be carried out by the Registered Manager who is not directly involved with the incident being investigated. The Manager may involve others to assist with the investigation process. All the relevant facts will be gathered promptly as soon as is practicable after the incident. Statements will be taken from witnesses at the earliest opportunity. Any physical evidence should be preserved and/or photographed if reasonable to do so.

There may be cases when the Client requests that a particular worker no longer be placed within an assignment. In such cases the Client has the right to exercise this request under the terms of their contract. An Agency Worker may also take this course of action, in that they may wish to terminate an assignment.

You are advised to read both your Terms of Engagement for Frontline Recruitment Group Agency Workers and the Agency Handbook in full, to ensure you fully understand what we ask of you.

From time to time it may be the case that you receive a complaint from a Client, patient or other person. If you are on assignment, please report any complaints to a senior person in the department where you are working and document all the details of the complaint. You must also report the complaint to Frontline Recruitment Group.

If you personally are the subject of a complaint you will be asked to record details as part of an investigation and in some circumstances it may be necessary to suspend you from assignments whilst the investigation is in process. Any complaints of misconduct against you will be reported to the NMC or other relevant Registration Body.

The Client will, with due regard to the Data Protection Act 1998, provide to Frontline Recruitment Group with the necessary information in order for Frontline Recruitment Group to thoroughly investigate the complaint.

The complaints procedure is as follows:

1. Within five working days of receipt of a complaint from the Client or Agency Worker, Frontline Recruitment Group will acknowledge receipt of the complaint. The complaint should be made in writing on Frontline Recruitment Group's complaints form but will be accepted in other written form.
2. All reasonable endeavors will be made by Frontline Recruitment Group to ensure that all complaints are resolved within fifteen days of the complaint being notified to Frontline Recruitment Group.
3. Frontline Recruitment Group shall ensure that in the event of the complaint being against an Agency Worker that the Agency Worker is fully informed of complaints relating to him/her. The Agency Worker shall be entitled to receive a copy of the complaint.
4. The Agency Worker will be afforded the opportunity to state his/her version of events and will be given seven (7) days to respond to Frontline Recruitment Group in writing.
5. All responses will be shared with the complainant and if appropriate, Frontline Recruitment Group will take demonstrable action to ensure there is no recurrence of the act or omission complained of.
6. The Client may at any time request Frontline Recruitment Group to provide the Client with an update as to the progress of the resolution of the complaint.
7. The Client will receive a written response from Frontline Recruitment Group, detailing how the complaint has been resolved.
8. Where there is evidence of malpractice or the complaint is an event that requires notification, Frontline Recruitment Group will immediately notify the RQIA, The Police, Protection of Adults or Children at Risk of Harm, Safeguarding and where applicable alert the Agency Workers professional body.
9. Frontline Recruitment Group where necessary will immediately exclude the Agency Worker from its register whilst an investigation is in progress.
10. Frontline Recruitment Group undertakes to work with all parties applicable to an investigation and where necessary share findings of such investigations.
11. A full written record of the nature of each complaint and details of the action taken as a result of the complaint, is kept on a database for easy access.
12. The complainant at any time has the right to refer this matter for review to the Regulation and Quality Improvement Authority.

Following the conclusion of any investigation into an incident or complaint there are a range of options available to the Agency and these include (but are not limited to):

- taking no further action against the agency worker
- recommending counselling for the agency worker
- recommending other remedial action including additional training
- referral of the Agency Worker to the NMC
- as noted above in point 8, where there is evidence of malpractice the Agency will notify the RQIA, the police, Safeguarding, Protection of Adults or Children at Risk of Harm and where applicable the agency worker's professional body
- removal of the agency worker from the Agency Register (ending the agency workers registration with the Agency)
- these options may be used independently or in combination

## **Policy 47**

### **Grievance Procedure**

#### **Aim**

To ensure that agency workers with a grievance relating to their assignment can use a procedure which can help to resolve grievances as quickly, and as fairly as possible.

#### **Procedure**

##### **Informal Discussions**

If an agency worker has a grievance about their assignment, they should discuss it informally with the registered manager. We hope that the majority of concerns will be resolved this way.

##### **Statement of Grievance**

If the agency worker feels that the matter has not been resolved through informal discussions, they should put the grievance in writing to the registered manager.

##### **Meeting**

The Registered Manager will meet the Agency Worker to discuss the grievance. After the meeting the registered manager hearing the grievance must write to the agency worker informing them of any decision or action and offering them the right of appeal. This letter should be sent within three working days of the grievance meeting and should include the details on how to appeal.

##### **Appeal**

If the matter is not resolved to the agency worker's satisfaction, they must set out their grounds of appeal in writing within three working days of receipt of the decision letter.

Within three working days of receiving an appeal letter, the agency worker should receive a written invitation to attend an appeal meeting. The appeal meeting will be taken by a manager not involved in the original meeting.

After the appeal meeting the manager must inform the agency worker in writing of their decision within three working days of the meeting. Their decision is final.

## **Policy 48**

### **Regular Updates & Agency Worker Meetings**

#### **Aim**

To promote communication, motivation and personal and professional development of agency workers.

#### **Policy**

Regular updates and meetings are vital for the smooth and efficient running of the agency. It is desirable to call regular meetings to ensure effective communication, and so that agency workers have the opportunity to discuss any problems, put forward any suggestions, and have ownership in the development of the service being provided.

Individual agency worker meetings are arranged annually in the form of appraisals, however agency workers are encouraged to contact the agency if they would like to arrange a meeting, formal or informal to discuss any aspect of their role or the service they are providing. All meetings are documented and recorded with their compliance file.

Appraisals are an opportunity to:

- Establish agency worker performance standards
- Provide feedback to agency workers about their performance
- Develop agency workers where necessary or take corrective action where appropriate
- Assist in training and continued personal development

## **Policy 49**

### **Agency Workers Records**

#### **Aim**

To ensure agency workers records are stored appropriately

#### **Policy**

Frontline Recruitment Group has a compliance system in place which stores all relevant information on clients and agency workers, which can be accessed at any time for inspections. The system is designed to flag up any information which needs updated, such as registration verification and training. Any confidential information is password protected and can only be accessed by the appropriate persons.

All information will be available for RQIA inspections.

#### **Disclosure Information**

- Criminal records check information is only be used for the specific purpose for which it was requested and for which the applicant's full consent has been given.
- Disclosures and other confidential documents received in relation to agency workers will be stored in secure conditions centrally by HR, separately from the individual's personal file in line with Access NI requirements.
- Once a recruitment decision has been made, the Disclosure and any related correspondence will not be retained for longer than is necessary for that particular purpose.
- When the time has come to dispose of the criminal records check information, no photocopy or other image of the Disclosure will be made or kept. However, the following information will be recorded prior to the criminal records check information being disposed of securely - the date of the criminal records check, the name of the subject, the type of check, the position in question, the unique number on the certificate, and the recruitment decision made.

If an agency worker leaves, their records are archived to a separate storage area and labelled. Records will be retained for 8 years following the final assignment of an agency worker.



## Policy 50

### Agency Worker Training and Development

#### Aim

To enhance the skills of individual agency workers, so increasing their capability and improving our service to patients and clients. We invest to ensure structured development and training is provided to agency workers and it :

- Provides the mandatory and legislative training necessary for the provision of services
- Provides professional development of agency workers
- Places importance on externally recognised competencies in the development of agency workers
- Places importance on externally recognised competencies in the development of our agency workers

#### Policy

Agency workers who receive the necessary training are better able to perform in their role becoming more aware of safety practices and proper procedures for tasks undertaken. Training may also build the agency workers confidence due to a stronger understanding of the healthcare industry and the responsibilities within their role.

#### Agency workers training and development opportunities:

- Induction within each placement

#### Mandatory training courses:

- Infection prevention and control
- Basic life support (Practical Training)
- Basic Life Support (e-Learning)
- Moving & Handling (Practical Training)
- Moving & Handling (Theory)
- Fire Safety
- Safeguarding groups at risk of harm
- Dysphagia
- Deprivation of Liberty
- COSHH
- Equality, Diversity & Human Rights
- Food hygiene
- Information Governance including Cyber Security
- Administration of Medications (also required for some Band 3 candidates)
- Anaphylaxis
- Complainants Awareness
- NEWS2

#### Training courses offered outside the mandatory training requirements:

- Appraisals/Reviews
- Clinical Supervision

## **Policy 51**

### **Supply and Placement of Nurses**

#### **Aim**

To ensure all nurses are fully compliant and are placed in an environment appropriate for their skills, qualification and experience

## **Policy 52**

### **Suspected, Alleged or Confirmed Instances of Abuse**

#### **Aim**

To ensure that our agency workers are vigilant regarding the signs of abuse and to make sure they are aware of the process of reporting suspected, alleged or confirmed cases of abuse

#### **Policy**

All agency workers must participate in training for the Protection of Adults at Risk of Harm and Safeguarding Children, before they commence work with Frontline Recruitment Group. This training must be updated on a three yearly basis to remain compliant with Nursing Agency minimum Standards and RQIA regulations.

The training meets the requirements of the **RQIA (Regulation, Quality and Improvement Authority)**

#### **Protection of Adults at Risk of Harm**

##### **COURSE CONTENT:**

- Latest legislation in regard to safeguarding adults at risk of harm
- Safeguarding Boards and Independent Safeguarding Authority
- Definition of an adult at risk of harm
- Professional responsibility to protect adults at risk of harm
- Facts about abuse
- Abuse defined and types of abuse
- Patterns of Abuse
- Predisposing factors to abuse
- Recognition of abuse
- What to do if abuse is suspected
- Reporting and documentation of abuse

#### **Safeguarding Children**

##### **COURSE CONTENT:**

- Policy and procedures in safeguarding
- Categories of child abuse and neglect
- Signs and indicators of child abuse
- What to do if abuse is suspected
- Identify barriers to children and adults reporting concerns
- Recording and reporting incidents in line with policy and procedure

## **Policy 53**

### **Uniform Policy**

#### **Aim**

The aim of this policy is to ensure that all agency workers in placements project a professional image, ensuring that clothing is compatible with safe moving and handling and is appropriate to the area of work undertaken, minimising the risk of infection transfer, whilst maintaining agency worker and patient safety.

#### **Policy**

- Uniforms must not be worn outside practice placements, unless on a specific activity
- Trousers must be black or navy.
- Where cardigans/sweatshirts are worn for warmth they should be either navy or black and should be in a good state of repair
- Uniforms must be clean, neat and tidy.
- Shoes must be black or navy, soft soled with enclosed toes and heels, be clean and in a good state of repair. Slip on shoes, such as mules and trainers are NOT acceptable
- Hair must be clean, neat, off the face and collar even as a ponytail.
- Male staff should be clean-shaven, or beards neatly trimmed.
- Nails must be clean, short, neatly manicured without nail varnish
- Perfume/aftershave must be discreet
- Jewelry is not permitted except:
  - One smooth wedding ring
  - One smooth metal stud earring per lobe
  - Wristwatches must not be worn by staff providing direct clinical care

## **Policy 54**

### **Response Times for Service Requests**

#### **Aim**

To carry out as efficient service as possible in regard to service user's staffing requests

#### **Procedure**

Service users can contact Frontline Recruitment Group through email or telephone. Where a service user requests staff, we aim to cover the shift/shifts as soon as possible.

Frontline Recruitment Group is proactive regarding obtaining the availability of our agency workers. There is a system in place where candidates can be sourced immediately in regard to the days, nights or hours of availability, which means a quick and efficient service.

When a service user contacts Frontline Recruitment Group for cover the information we request is as follows:

- Date of assignment
- Likely duration of the assignment
- The type of work
- Location of the work
- Hours of work
- Experience, training, skills and qualifications needed for the role

The gathered information is then fed into our system, which immediately flags up all candidates who fit the profile the service user is looking for producing an efficient speedy service.

Timescales:

- For shifts required within 24hrs – 1-hour response
- For shifts required within 3 days – 4-hour response
- For shifts required over 3 days – 24 hours response

The above timescales are just a guide to ensure efficiency of service, however discussion will always take place with the service user regarding their preference in the response times and updates.

## Policy 55

### IT Security Policy

Frontline Recruitment Group seek to maintain the confidentiality, integrity and availability of information about its service users. Compliance with legal and regulatory requirements with respect to this Information is fundamental.

#### Policy

This policy aims to protect the rights of service users about whom data is obtained, stored, processed or supplied and requires that Frontline Recruitment Group staff take appropriate security measures against unauthorised access, alteration, disclosure or destruction of personal data.

Frontline Recruitment Group staff must ensure the security of all information they are privy to and implement the highest standards of information security in order to achieve this. This document sets out the measures taken to achieve this, including to: -

- protect against potential breaches of confidentiality;
- ensure that all information assets and IT facilities are protected against damage, loss or misuse;
- support our Data Protection Policy in ensuring all staff are aware of and comply with legislation and our own procedures applying to the processing of data; and
- increase awareness and understanding of the requirements of information security and the responsibility to service users to protect the confidentiality and integrity of the information that they themselves handle.

The information covered by this policy includes all written, spoken and electronic information held, used or transmitted by or on behalf of the service user. This includes information held on computer systems, paper records, hand-held devices, and information transmitted orally. This policy applies to all members of Frontline Recruitment Group staff.

Physical security procedures:

- Paper records and documents containing personal information, sensitive personal information, and confidential information shall be positioned in a way to avoid them being viewed by people.
- Available storage rooms, locked cabinets, and other storage systems with locks must be used in line with local policies.
- Computers and other electronic devices should be locked when not in use to minimise the accidental loss or disclosure.
- Frontline Recruitment Group staff are not entitled to install any software of their own
- Prior to any usage of physical media (e.g. USB memory sticks or disks of any kind) for transferring files, Frontline Recruitment Group staff must make sure to have the physical media is virus- scanned.
- If a virus is detected this must be reported immediately to home manager or nurse in charge

- All members of staff are responsible for the security of the equipment allocated to or used by them and must not allow it to be used by anyone other than in accordance with this policy.
- Passwords must be kept confidential and must not be made available to anyone else
- All members of staff are prohibited from downloading, installing or running software from external sources without obtaining prior authorisation from home manager or nurse in charge
- All concerns, questions, suspected breaches, or known breaches must be reported immediately to home manager or nurse in charge

## **Policy 56**

### **Data Protection Policy**

This Policy sets out the obligations of Frontline Recruitment Group employees regarding data protection and the rights of service users/clients in respect of their personal data under the General Data Protection Regulation (“GDPR”), and the collection, processing, transfer, storage, and disposal of personal data while on placement.

#### **Data protection principles**

This Policy aims to ensure compliance with the GDPR. The GDPR sets out the following principles with which any party handling personal data must comply. All personal data must be:

- Processed lawfully, fairly, and in a transparent manner in relation to the data subject.
- Collected for specified, explicit, and legitimate purposes and not further processed in a manner that is incompatible with those purposes.
- Adequate, relevant, and limited to what is necessary in relation to the purposes for which it is processed.
- Accurate and, where necessary, kept up to date. Every reasonable step must be taken to ensure that personal data that is inaccurate, having regard to the purposes for which it is processed, is erased, or rectified without delay.
- Kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data is processed. Personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes, or statistical purposes, subject to implementation of the appropriate technical and organisational measures required by the GDPR in order to safeguard the rights and freedoms of the data subject.
- Processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction, or damage, using appropriate technical or organisational measures.

#### **Lawful, Fair, and Transparent Data Processing**

Frontline Recruitment Group seeks to ensure that personal data is processed lawfully, fairly, and transparently, without adversely affecting the rights of service users, clients or agency workers. The processing of personal data shall be lawful if at least one of the following applies:

- Consent has been given, from the service user/client, to the processing of their personal data for one or more specific purposes
- The processing is necessary for compliance with a legal obligation to which the data controller is subject
- The processing is necessary to protect the vital interests of the client/service user



- The processing is necessary for the performance of a task carried out in the public interest or
- In the exercise of official authority.

### **Adequate, Relevant, and Limited Data Processing**

Information will only be collected and processed for the extent necessary for the specific purpose or purposes of which service user or client have been informed

### **Data Retention**

Personal data must not be kept any longer than is necessary in light of the purpose or purposes for which that personal data was originally collected, held, and processed.

When personal data is no longer required, all reasonable steps will be taken to erase or otherwise dispose of it without delay.

### **Secure processing**

All Frontline Recruitment Group staff must ensure that all personal data collected, held, and processed is kept secure and protected against unauthorised or unlawful processing and against accidental loss, destruction, or damage

### **Data security - Disposal**

When any personal data is to be erased or otherwise disposed of for any reason (including where copies have been made and are no longer needed), it should be securely deleted and disposed of. For further information on the deletion and disposal of personal data, please refer to the service user's local Retention Policy.

### **Data security – Use of personal data**

- No personal data may be shared informally to a third party that they do not already have access to. Such access should be formally requested.
- No personal data may be transferred to any third party without the authorisation of the Service user/client
- Personal data must be handled with care at all times and should not be left unattended or on view to any unauthorised parties at any time;
- If personal data is being viewed on a computer screen and the computer in question is to be left unattended for any period of time, the user must lock the computer and screen before leaving it.
- All personal data breaches must be reported immediately to the client/service user

## **Policy 57**

### **Mental Health Act**

This policy covers the application of the Mental Health Act 1983 as amended including the procedures to be followed by agency workers and the associated documentation. Where there is any conflict between this policy and the legislation, the legislation will prevail. All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you feel you are disadvantaged by this policy, please contact the Registered Manager of Frontline Recruitment Group and the service will actively respond to the enquiry.

#### **Introduction**

Frontline Recruitment Group agency workers are required to deliver services to its service users within the legal framework of the Mental Health Act 1983 and in accordance with the Mental Health Act Code of Practice (2015) and associated guidance. The Mental Health Act 1983 is the legal framework that provides authority for the organisation to detain and treat people who have a serious mental disorder and who are putting at risk their health or safety, or the safety of other people. The MHA also provides more limited community – based powers, called community treatment orders and guardianship.

The MHA includes safeguards for people’s rights when they are being detained or treated by professionals. It does this by providing rules and requirement for professionals to follow. It also provides statutory guidance to mental health professionals and services in the MHA Code of Practice. Managers and clinical staff of the organisation should ensure they have a good understanding of the Code and follow its guidance or document the justification for not doing so in any individual case.

In the application of legislative provisions, codes, and guidance, together with this policy and other linked documents, professionals, staff and stakeholders must have regard to the principles of the European Convention on Human Rights, as set out in the Human Rights Act 1998. These principles pervade all actions and decisions taken and any incompatibility

The purpose of this policy is to ensure service users receive the highest standard of care and treatment in accordance with the law and best clinical practice.

If agency workers are unsure of their responsibilities at any time, they should discuss this with the home manager nurse in charge of the facility

#### **Legislation, Guidance and Policy Documents**

This policy is not a substitute for the legislation, regulations and Codes of Practice to which all agency workers must adhere. The list below is not intended to provide a complete list of the legislation governing the practice of Frontline Recruitment Group staff.

- Mental Health Act 1983 (and Regulations)
- Mental Health Act 2007 (and associated regulations)

- Tribunals, Courts and Enforcement Act 2007
- Human Rights Act 1998
- Equality Act 2010
- Children's Act 1989
- Children's Act 2004
- Mental Capacity Act 2005
- The Care Act 2014
- Police and Criminal Evidence Act 1984
- Mental Health Act Code of Practice 2015
- Mental Health Act Reference Guide 2015
- Supervised Community Treatment: A Guide for Practitioners, NIMHE, 2008
- Leave of Absence for patients Subject to Restrictions: Guidance for Responsible Clinicians, Ministry of Justice, 2008.

This policy has been written in consideration of the Health and Social Care Act 2014, associated Regulations and the RQIA fundamental standards.

### **Policy Statement**

In making any decisions under the Mental Health Act the guiding principles should be considered. These are laid out in Chapter 1 of the Mental Health Act Code of Practice and can be summarised as follows:

**Empowerment and Involvement** – patients should be fully involved in decisions about care, support and treatment. The views of families, carers and others, if appropriate, should be fully considered when taking decisions. Where decisions are taken which are contradictory to views expressed, professionals should explain the reasons for this.

**Least Restrictive and Maximising Independence** – where it is possible to treat a patient safely and lawfully without detaining them under the MHA, they should not be detained. Wherever possible a patient's independence should be encouraged and supported with a focus on promoting recovery wherever possible.

**Respect and Dignity** – Patients, their families and carers should be treated with respect and dignity and listened to by professionals.

**Purpose and Effectiveness** – Decisions about care and treatment should be appropriate to the patient, with clear therapeutic aims, promote recovery and should be performed to current national guidelines and/or current, available best practice guidelines.

**Efficiency and Equity** – Providers, Commissioners and other relevant organisations should work together to ensure that the quality and are given equal priority to physical health and social care services. All relevant services should work together to facilitate timely, safe and supportive discharge from detention.

Decisions made under the MHA are supported and informed by a clinical assessment and care planning process and detention under the Mental Health Act is not a substitute for following these processes.

Wherever possible, patients should be involved in care planning from the point of admission. Agency workers have a collective duty to ensure that patients understand their rights. This policy sets out procedures to be followed to ensure service users are informed of their rights and that this is recorded. However for the avoidance of any doubt, wherever it is evident to any agency worker that a service user is unclear as to their rights or lacks the mental capacity to understand their rights, the agency worker should take time to explain everything as often as is needed, to help the service user to feel informed and reassured about their care and treatment.

All agency workers should ensure that their decisions and actions taken in respect of patients subject to the Mental Health Act follow the procedures laid out in the legislation. All decisions made and action taken should be in accordance with the Code of Practice 2015 and the Reference Guide unless there is cogent reason(s) for deviation.

All situations in which the procedures detailed below aren't/cannot be followed should be recorded as an incident and classified as 'breach of MHA'.

### **Application of the Act**

1. The provisions of this Act shall have effect with respect to the reception, care and treatment of mentally disordered patients, the management of their property and other related matters.

2. In this Act- "mental disorder" means any disorder or disability of the mind; and "mentally disordered" shall be construed accordingly. And other expressions shall have the meanings assigned to them in Section 145 below:

But a person with learning disability shall not be considered by reason of that disability to be suffering from mental disorder for the purposes of the provisions mentioned in subsection (2B) below; or requiring treatment in hospital for mental disorder for the purposes of sections 17E, unless that disability is associated with abnormally aggressive or seriously irresponsible conduct on his part. 2b. The provisions are –

A) Sections 3, 7, 17A, 20 and 20A

B) Sections 35 to 38, 45A, 47, 48 and 51; and

C) Section 72 (1) (b) and (c) and (4).

3. Dependence on alcohol or drugs is not considered to be a disorder or disability of the mind for the purpose of subsection (2) above.

4. In subsection (2A) above, "learning disability" means a state of arrested or incomplete development of the mind which includes a significant impairment of intelligence and social functioning.

### **Nurses Holding Power**

This is only applicable to patients already receiving treatment for mental disorder in hospital. It allows nurses of a prescribed class, the equivalent of a registered mental nurse to detain a patient for up to six hours from the time that the decision is recorded on the prescribed form. For further

guidance on this Section please refer to the Code of Practice 2008, Chapter 12. Procedure Before using the power, the nurse should assess the following matters:

The likely arrival time of the Doctor or Approved Clinician as against the likely intention of the patient to leave. Most patients who express to leave hospital can be persuaded to wait until a Doctor or Approved Clinician arrives to discuss it further; and

The consequences of a patient leaving hospital before the Doctor or Approved Clinician arrives - in other words, the harm that might occur to the patient and/or others in doing so, the nurse should consider:

- The patients expressed intentions including the likelihood of the patients committing self-harm or suicide or harming others;
- Any evidence of disordered thinking;
- The patient's current behaviour and in particular any changes in usual behaviour
- The likelihood of the patient behaving in a violent manner;
- Any recently received messages from relatives or friends;
- Any recent disturbances on the Ward; any relevant involvement of other patients;
- Any history of unpredictability;
- Any form risk assessments which have been undertaken (specifically looking at previous behaviour); and
- Any other relevant information from other members of the multi-disciplinary team. As full an assessment as possible any action on the part of the nurse but in certain circumstances to invoke the power on the basis of only a brief assessment. The suddenness of the patients' determination to leave, and the urgency with which the patient attempts to do so, alert the nurse to potentially serious consequences if the patient is successful in leaving.

It is essential for good practice that:

- The reasons for invoking the power are entered in the patients nursing and medical notes;
- Details of any patients who remain subject to the power at the time of a shift change are given to staff coming on duty. When a nurse invokes Section 5(4), hospital staff may use minimum and reasonable force if necessary, to prevent the patient from leaving hospital.

### **Common Law Powers of Detention**

Under Common Law any individual is entitled to apprehend and restrain a person who is mentally disordered and presents an imminent danger to himself/herself or others. It is therefore lawful for a nurse (or any other person) to apprehend and restrain a mentally disordered patient if there are reasonable grounds to believe that he/she poses a danger to himself/herself or others or would do so if he/she were to leave hospital.

The degree of medical or physical intervention should be enough to bring the emergency to an end, but no greater. Any method of restraint which involves excessive force, or which continues in use after the immediate crisis is over, is not justified under Common Law.

The Criminal law Act 1967 (Section 3(1)) enables members of staff to use reasonable force in an attempt to prevent a patient from committing an assault or any other criminal offence (e.g. theft or possession of an offensive weapon).

## **Policy 58**

### **Handling of Complaints when on Placement**

#### **Aim**

To set out the principles and framework for complaints management for Frontline Recruitment Group agency workers, while on placement.

#### **Introduction**

Being a professional, means being willing and able to hear the hard detail as well as the positive detail. It means being able to take feedback, good or bad, to improve the way you work. The aim is to ensure that the care provided really does meet the needs of patients, and their families and loved ones.

#### **Handling complaints and feedback:**

- It is hard for most people to complain, and it is even harder when they are in a situation of vulnerability, such as being in a hospital or a nursing home.
- Most complaints start off as simple matters; but it is the way that complaints are handled that can potentially turn them into complicated and time-consuming problems.
- Most people raising a concern or making a complaint want a simple and quick resolution to a problem.
- Many concerns and complaints are about things that have the potential to affect others.
- Resolving these issues is a way to learn and prevent the same thing from happening again

#### **Being responsive:**

- The way you respond to someone will set the tone for how the rest of the conversation and any subsequent processes go
- Being open, honest, and friendly is much more likely to result in a positive experience for everyone, irrespective of whether you are actually able to resolve anything.
- It's perfectly ok to apologise to someone if you feel that they have a valid complaint
- Offering an apology does not constitute an acceptance of responsibility. In many cases an apology will help you to manage the immediate problem of someone wanting to share their bad experience with someone who cares, so that hopefully you can ensure that it doesn't reoccur

#### **Moving things on:**

- If you can't resolve a problem or complaint quickly, including by escalating it to someone more senior, you should ensure that the person raising the concern is given all the information that they need to make a formal complaint. (Always refer to local policy in each placement)
- Make sure that they take your name and contact details, identifying you as being the first person that they spoke to about the matter
- Make a record for yourself of what happened and what you said or did, so that you can refer back to it if needed at some later date.
- In some circumstances, for instance if the concern relates directly to clinical care, it may also be necessary to write directly in a patient's notes that a concern or complaint has been made

**Difficult situations:**

Some situations, and some people, are more challenging than others. People who are distressed, angry, or exhibiting the effects of alcohol or drugs can also be particularly difficult to manage. However, there are some simple steps that you can take that will help you to help them, and ensure that you or your colleagues are not put into tricky or threatening situations:

- ensure that you follow any local policies and procedures for such situations, and consider whether you might need to ask for non-clinical support
- always start any conversation by telling people your name, and asking for theirs
- try to keep your voice and manner level and calm. People find it hard to continue being aggressive with someone who is calm
- try to find a quiet place, preferably with seating. It's very hard for people to maintain an angry stance when seated and a quiet space can help to emphasise, and thus calm, someone's overly loud voice
- always let colleagues know if you are taking someone to a separate room or space, and make sure they know where you are and keep a check on you. You may want to consider taking a colleague with you. But if you are unsure or uncertain about the person's mood or state of mind, stay in a more public space
- if you feel that your efforts are not helping to calm the situation, and the person continues to exhibit challenging or threatening behaviour, tell them that you cannot do anything further until they stop. If necessary, ask colleagues to come to help you
- in potentially serious or dangerous circumstances, for instance if the situation involves a number of people, think through what might happen. If you are unsure about how you might deal with every eventuality, consider doing a formal risk assessment

**Know your responsibilities and rights:**

- Always remember that your first duty, as laid out in your code of conduct, is to those in your care; even if that means having to report your mistakes – or those made by others
- Wherever you are working, you have a right to be informed of the processes for managing feedback and complaints that are in place
- If you see something happening in your placement that you feel is poor practice or unsafe, you have an obligation to raise or report your concerns. If this is difficult, you have the right to inform a senior member of staff and to expect that they will act upon your concern
- Do not try to do things, or promise things, that you are untrained or unqualified to do. It is safer to tell someone that you cannot help them directly but that you will get someone who can, than to risk causing dissatisfaction or, even worse, harm.
- You should be aware of the nurse in charge to whom you can re-direct any complaints. Ideally, you should be able to take someone with a concern directly to them in the event that you are unable to resolve a problem. Raising and responding to concerns is something that agency workers should all be comfortably able to do.

**Learning from feedback:**

There's a sizeable amount of evidence relating to value and benefits of reflective practice – reviewing your actions or something that's happened to see how bad practice could be prevented in the future and how good practice could be turned into everyday practice.