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 **Core assurances**

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

This list of core assurances highlights what inspectors must look at on inspection. They help guide providers on the areas that are important to people’s safety and wellbeing. The core assurances span the entire quality framework, covering elements of several different quality indicators.

The process for checking the core assurances is different from the rest of the self-evaluation as these areas are not evaluated, they are basic assurances that need to be in place.

The list of core assurances is in the quality framework for nurse agencies. This template (which includes a worked example) is devised to help you check that you are meeting all of these core assurances and that you are able to evidence this.

**Worked example**

|  |  |  |
| --- | --- | --- |
| General actions | Date checked | Comments/actions required |
| A registration certificate is on display and contains accurate information that reflects the service currently being delivered. | 16/4/22 | In reception area of main office |
| A valid insurance certificate is on display. | 16/4/22 | Certificate expired 14/4 but printer broken so unable to print off new certificate. |
| There is a written statement of the aims and objectives that accurately describes the conditions of registration and the service that is offered. | 16/4/22 |  |

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| **Protection**  |
| □ There is an adult/child protection policy and procedure that evidences how people are kept safe.□ Staff are trained in adult/child protection and are confident in knowing when and how to make referrals, including notifying the Care Inspectorate.□ Where required, there is evidence that appropriate adult/child protection referrals have been made and followed up. |
| How can we evidence that we meet this core assurance? |
| As we support both children and adults, we have both an adult and child protection policies and procedures in place. These were last reviewed/updated 12/9/21. This includes a flowchart of the actions staff need to take when a concern is raised. Level one training is mandatory for all staff during induction. Team leaders and managers must complete level two training. Refresher training is undertaken every two years. We have training records for every member of staff to evidence they have attended the training and we ask them to complete a reflective practice account after the training that is stored in their personal development file.We have made three adult support and protection referrals during the past year, these have been concerns raised by staff about disclosures made to them or incidents they have witnessed. We have records of the referrals made and outcomes for each including minutes of any additional meetings to address issues raised from the referral. There have been no child protection concerns raised. As part of our auditing of accidents and incidents, we check that all appropriate referrals have been made depending on the nature of the incidents. |
| Any additional actions to be taken? |
| Consider putting adult and child protection as a standing agenda item at team meetings to check understanding of the process, reflect on referrals made and communicate any outcomes or areas where we could make improvements in the service. |

**Core assurances self-evaluation template**

**Service…………………………………………………………………………………………**

**Date completed………………………………………………………………………………**

**Completed by………………………………………………………………………………...**

|  |  |  |
| --- | --- | --- |
| **General actions** | **Date checked** | **Comments/actions required** |
| A registration certificate is on display and contains accurate information that reflects the service currently being delivered. |  |  |
| A valid insurance certificate is on display. |  |  |
| There is a written statement of the aims and objectives that accurately describes the conditions of registration and the services that are offered. |  |  |

|  |
| --- |
| **Protection**  |
| □ There are child and adult protections policies and procedures that evidences how people are kept safe.□ Staff are trained in child and adult protection and are confident in knowing when and how to make referrals, including notifying the Care Inspectorate.□ Where required, there is evidence that appropriate protection referrals have been made and followed up. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Infection prevention and control**  |
| □ All staff are trained in and can demonstrate they understand and apply the principles of IPC in line with their role, responsibility and workplace setting.□ There is a nominated lead person who has responsibility for IPC. □ The Service has governance and quality assurance processes in place for IPC.□ Leaders ensure that staff have access to appropriate resources to protect themselves and to minimise the risk of infection to others.  |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Medication system and records**  |
| □ People are protected by safe medication management policies and practices. □ Legislation and good practice guidance are followed when supporting people to take medication who do not have capacity, where medication is given covertly and when ‘as required’ medication is prescribed.□ Where there are medication errors the agency makes appropriate notifications and learns from these to improve medication practice. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
|  |
| **Accident/incident records**  |
| □ A record of all accidents and incidents involving the agency nurse are maintained and, where required, notified to the Care Inspectorate and/or the appropriate agency/authority. There are quality assurance processes around accident and incidents and evidence of learning from these. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Development/Improvement plan**  |
| □ There is an up-to-date development/improvement plan in place that is informed by feedback from services where the agency nurse is deployed, people who use the service, and/or their relatives. This plan is actively used to drive improvement in the service.  |
| How can we evidence that we meet this core assurance?  |
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| Any additional actions to be taken/areas for improvement? |
|  |
| **Complaints** |
| □ The complaints and concerns of each service, person, their family, advocate or representative are listened to and acted upon and there is an effective appeals procedure.□ People are made aware promptly of the outcome of any complaints and there are processes in place to implement learning from complaints. A record is made of all complaints, responses and outcomes and details of any formal investigations undertaken.□ The complaints process is user-friendly and accessible.  |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Staff recruitment procedures**  |
|  □ Safe and effective recruitment practices are in place to recruit nurses in accordance with good practice and national safer recruitment guidance.  |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
|  |
| **Quality of Information** |
| □ The service agreement is based on an ongoing comprehensive assessment of individual and service (customer) needs. □ People using the agency are actively involved in the development and review of service agreements. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Planned care and support**  |
| □ People using the agency are actively involved in the development and review of their personal plan.□ Personal plans are accessible to people and the nurses providing their care and support, ensuring their needs and wishes are met. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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| **Management oversight and governance** |
|  □ There are governance and oversight systems in place to identify risks and ensure appropriate action is taken to improve outcomes for people using the service. These include leaders’ behaviours which create the right environment for safe quality care. |
| How can we evidence that we meet this core assurance? |
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| Any additional actions to be taken/areas for improvement? |
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