







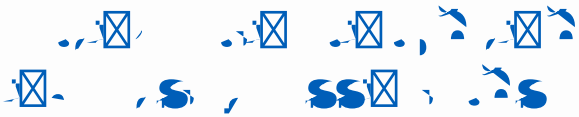
The aim of this document is to support employers, commissioners, registered nursing associates, and system colleagues to:

- have a clear understanding of the role of registered nursing associate
- have a more detailed understanding of what to consider when thinking of including the role in different social care settings
- consider and encourage review or creation of a detailed workforce plan
- consider the role in light of integrated services and partnerships in a long term plan
- be introduced to key regulations and a range of suggestions to consider when implementing this role in a social care setting.



Whilst based on real circumstances, the examples included are designed to assist employers and commissioners in understanding how nursing associates may be deployed. It's key to ensure that decisions on deployment and employment of registered nursing associates are based on knowledge of, and meeting the current regulatory framework, local policy and funding considerations as well as detailed workforce planning.





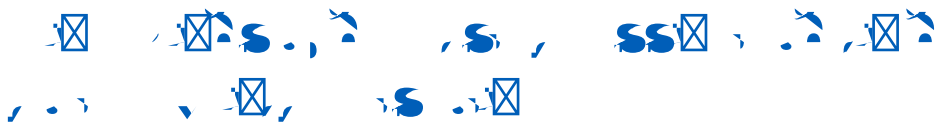
A nursing associate (NA) is a new member of the nursing team in England. This role is designed to help bridge the gap between health and care assistants and registered nurses (RN). Nursing associate is a stand-alone role that will also provide a progression route into degree graduate level nursing. Nursing associates work with people of all ages and in a variety of settings in health and social care. The role will contribute to the core work of nursing, freeing up registered nurses to focus on more complex clinical care and help build capacity in the nursing workforce.

The nursing associate role isn't a substitute for registered nurses. The role can, however, contribute to nursing under the 'oversight' of a registered nurse. Qualified and registered nursing associates are individually accountable for their own professional conduct and practice. The expectation is that nursing associates will typically work under the direction of a registered nurse or other registered professional but may not require direct supervision, direction may be via detailed care planning and regular communication. They'll also be able to support, supervise and act as a role model to trainee nursing associates, healthcare support workers, student nurses, and those new to care roles.









It's expected that each employer will review their workforce to see where the nursing associate can add value to the care that's being delivered, being mindful that the role is not a substitute for a registered nurse.

It may be useful to review your existing workforce plan, or undertake a workforce plan, to include:

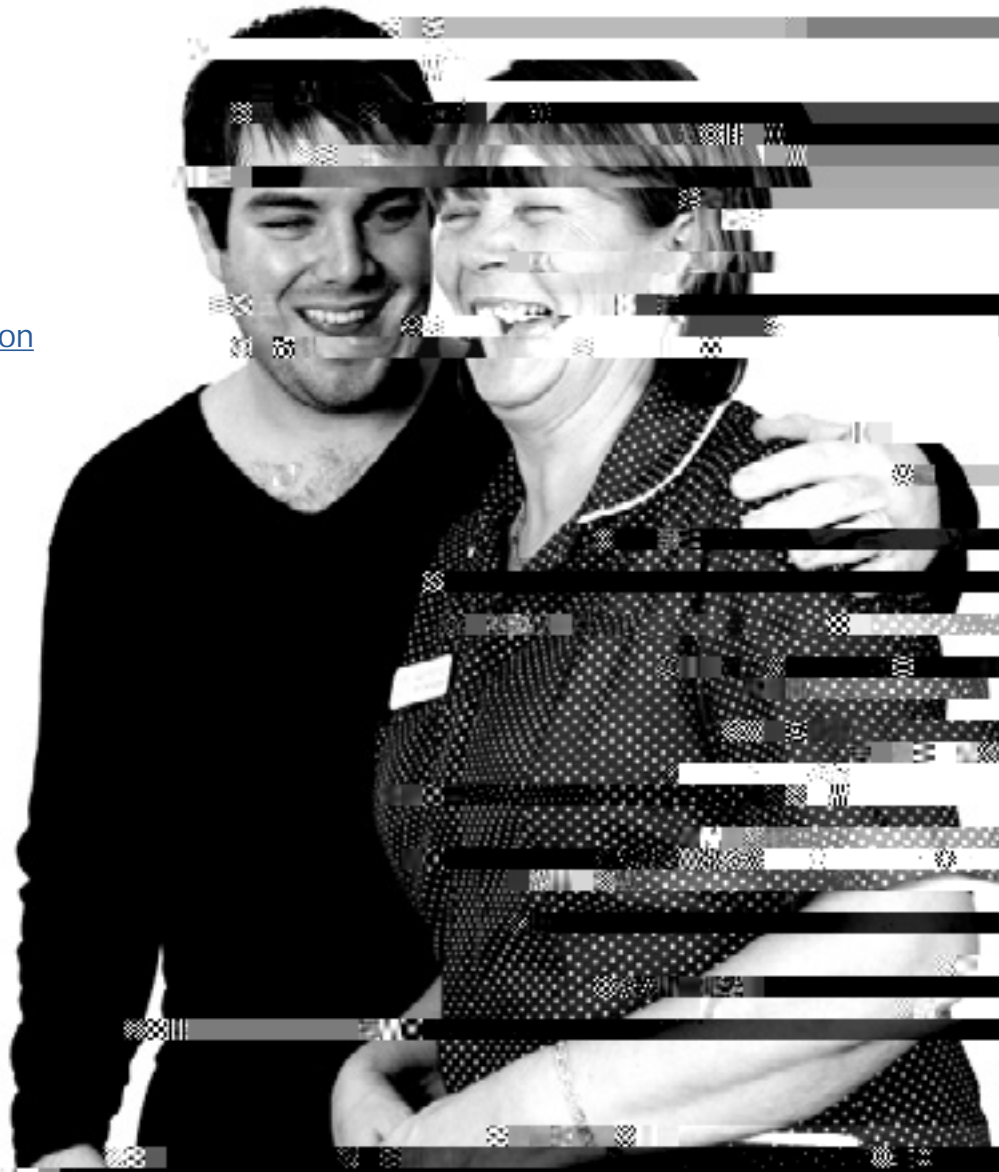
- where this role will fit
- how your service is registered
- guidance from regulators on the deployment of the nursing associate role
- the amount of nursing associates you'll need to redesign your workforce
- work with commissioners and local partnerships required to understand the future needs of the service in line with, for example, the NHS long term plan.

Providers must review all aspects of their provision, policy, and process to ensure safe deployment and protection of the public when considering any change to their workforce. This would include reviewing the implementation against the CQC 'Key lines of enquiry and prompts (2017)'.

These are:

- safe
- effective
- caring
- responsive
- well-led.

[The full document can be accessed on the CQC website.](#)







Nursing associates deliver holistic, person-centred care. They can deliver and monitor care working to care plans with oversight of a registered nurse or other registered healthcare professional. A nursing associate has knowledge and skills that support early intervention, for example support with hydration and nutrition and health promotion, which makes the role attractive in a range of social care settings.



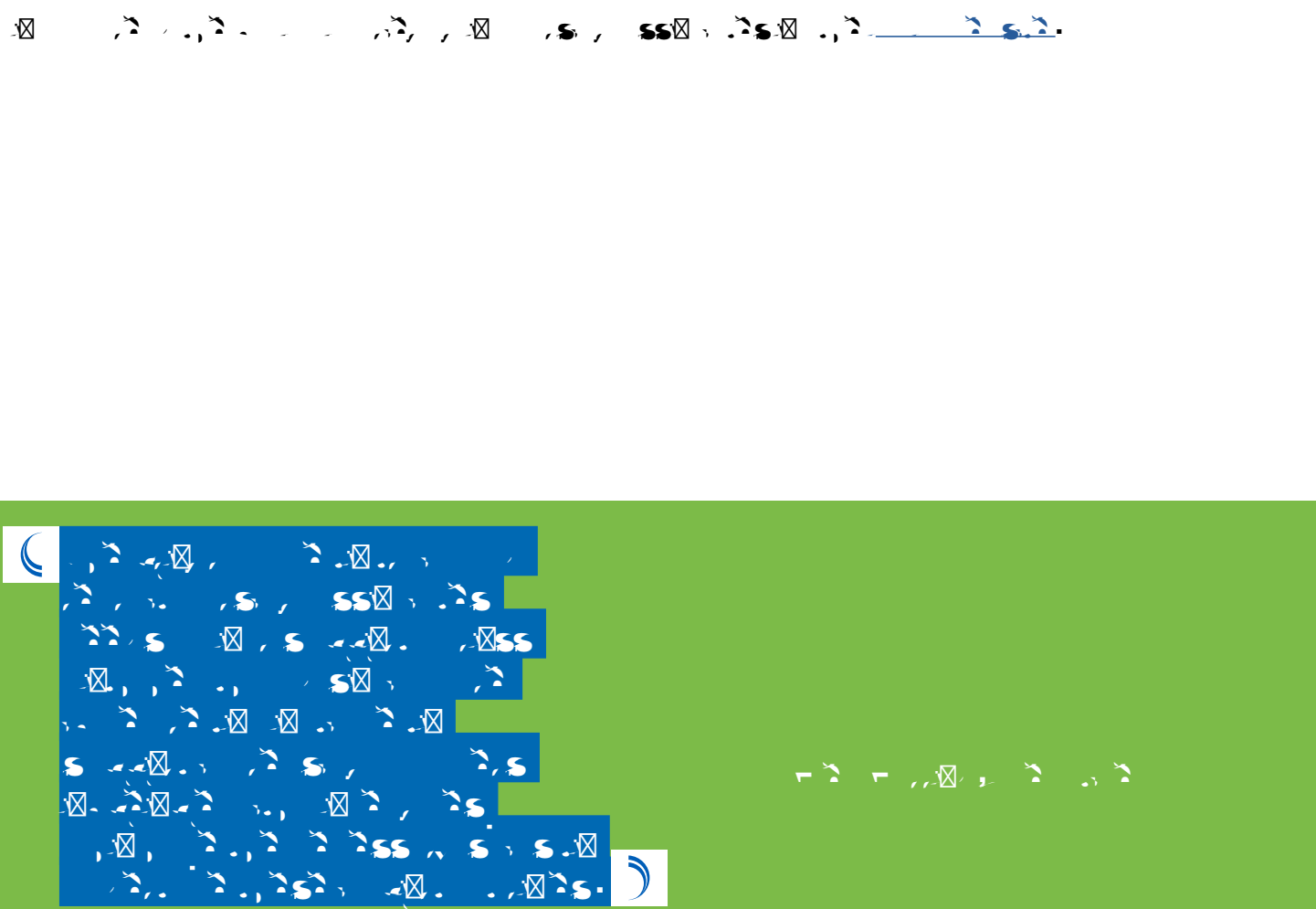
## 10.1 (01) Nursing associates

Nursing associates will commonly be working in a team alongside a registered nurse(s) and other HCPs that are included in the TDDI list.

In these cases, TDDI applies to a registered provider in the same way as it applied before the nursing associate role was introduced. For example, where a provider registered to carry on TDDI employs a senior carer who completes some nursing-related tasks that they are competent to do under the supervision of an HCP. In cases where a provider employs nursing associates and/or other HCPs who are not in the TDDI list, the regulated activity of TDDI will not apply in the same way, as it would not have applied before the role of nursing associate was introduced.

Under the current regulations, care homes with nursing need to be registered for TDDI and need to employ a professional who is on the TDDI HCP list, for example a registered nurse. They can also employ nursing associates, with the provider ensuring that they are deployed appropriately to ensure that people who use services receive high-quality safe care.

Care homes without nursing can employ nursing associates, but they cannot carry out nursing activity unless delegated by a HCP from the TDDI list, for example a district nurse. This would be similar for domiciliary care agencies (DCAs). If a DCA provider wants to provide TDDI, they must employ a registered nurse (or other from the HCP list), otherwise nursing associates cannot carry out nursing care unless delegated by a HCP from the TDDI list, for example a district nurse.





The following points are in the [standards of proficiency for registered nursing associates](#):

As registered healthcare professionals, nursing associates are accountable for their practice, working within one's role and scope is also covered by 'The code'.

How roles are used will vary from setting to setting, depending on local clinical frameworks.

Nursing associates are required to play a proactive role in multidisciplinary teams.

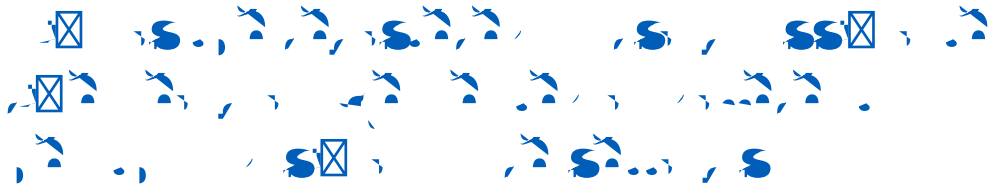
In summary, our standards enable deployment and day-to-day management of the nursing associate to be locally determined. Likewise, the standards enable oversight of care plans and the nursing associate's activities to be by nurses or other health and social care professionals.



Both sets of regulators are indicating that there's room for local decisions and flexibility in the deployment of nursing associates and that existing frameworks and regulation allow this, it's up to the employer to ensure that the deployment is in line with regulators' expectations and is safe.



The role, and the part which the Council played financially to support the development of the nursing associate role in social care.



There's growing evidence of how the registered nursing associate role is being implemented in a wide range of health and social care settings and how scope of practice differs dependent on the team and situation. (NHSE/I: Deploying Nursing Associates in different settings, 09/02/21)





Conduct first visit assessments, the registered nurse will triage first.

Complete ongoing assessments and update care plans.

Manage and administer medicine, according to local protocols.

Provide holistic care, with referral to members of MDT as required (GP, tissue



On the next few pages there are two examples which have been included with the agreement of the organisations. The templates we've developed indicate what should be considered and suggestions, these aren't instructions, both organisations are working to ensure clear governance.

## 1.1.1 Request for guidance and support

A request was received by Skills for Care for guidance and support from the owners of an established care home (nursing). They are due to open a second home within 0.8 miles of the original care home where nursing associates are an integral part of the nursing team. The owners wish to create standard operating procedures and governance to support occasional shifts being led by a registered nursing associate with 'long arm oversight' and immediate verbal and physical support (available 24 hours) from a registered nurse at the sister care home.

Service registration with CQC: Service is registered to provide accommodation with nursing and is registered for TDDI.

### 1.1.2 Directional control of nursing care

On occasional shifts, for example night shift, the home would be staffed by Nursing associate(s) and health care support staff, with a registered nurse working at the nearby sister care home who is on call throughout the shift, available for telephone/online consultation or in person if required.

All care plans: registered nurse to assess, document and review, nursing associate to monitor and record. The nursing associate is part of the nursing team and will take part in handover, escalate where needed, have access to CPD/supervision (clinical) with encouragement of reflective practice. Comprehensive job description with roles/responsibility and clear lines of accountability/reporting will be created. Registered nurse still has oversight of assessment/planning/complex issues.

The employer will show understanding of the scope and parameters of practice for a nursing associate and this will be detailed in job description and local policy, being mindful of the NMC explanation of scope of practice and 'The code (NMC 2018)' as well as statutory responsibilities to maintain safe care and treatment.

Directional control of nursing care: The service is registered to provide accommodation with nursing care and treatment related to disease, disorder or injury (TDDI). The registered manager retains regulatory responsibility, the registered nurse(s) employed in the service will direct care via assessment and care planning and be available for any escalation or alterations needed to the plan of care, this may on occasions be when the registered nurse is not on the premises.

Reduction in the use of agency staff/lack of registered nurse cover.

Nursing associate is known to the residents.

People can remain within their own environment to receive relationship-based care.

Nursing associate is trained to promote wellness and prevent ill health.

Nursing associate is trained in all four fields of nursing.

Nursing associate is involved in the care planning and have clear parameters for escalation.

Joined up delivery within one establishment.

Risk register, and risk management implemented.


Review of policies and agreement of the role of the nursing associate in the organisation.

Clear parameters of practice in nursing associate job description, including acuity and skills.


Ensure that there is a clear internal







A residential home (without nursing) based in Barking and Dagenham had a recent CQC visit. During this visit, the innovation project to train an apprentice nursing associate and subsequently employ the individual as a registered nursing associate into their workforce was discussed. The inspector at this visit was impressed by the innovation.



The residential home and the project team are now actively working across the system to ensure that governance is in place and regulations are met in order to provide employment in 18 months' time.

The project steering group spans social care, primary care and community teams and they're actively looking at implementation of the registered role into the system, including residential care (without nursing) and domiciliary care. Discussions include governance and indemnity.



Residents remain in their own home rather than needing transfer into nursing service either within social care or in health.

Nursing associate is trained to promote wellness and prevent ill health.

Nursing associate is excellent role model for adult social care as a registered professional (NMC).

Strong product to offer with career progression pathways in to care management and/or registered nursing.

Integrated care system.

Improves communication with multi-disciplinary team and integrated commissioning personnel.

Supports development of a safe and effective person-centred service.

Resident cared for by nursing associate who they're familiar with rather than a stranger.

Eases pressure on NHS acute services and primary care including community nursing service.

Nursing associates delivering planned nursing care – impact on out of hours call outs, unnecessary hospital stays, reduce A&E attendances.

Access to preceptorship programmes and CPD to enhance the role and support revalidation.



Formal agreement between organisations.

Risk register, and risk management implemented.

Review of policies and agreement of the role of the nursing associate in partnership with NHS service link.

Clear parameters of practice in nursing associate job description, including acuity and skills.

Agreed overarching policy in relation to service user feedback, communication indemnity agreements.

Clear communication strategy - internal - lines of communication and use of technology to support access to RN 24/7 accessible and to all staff and users of a service.

Communication strategy – external – to stakeholders and community.

Relevant contractual agreements and governance.

Funding for residents needs between residential setting to nursing needs (CCG and LCC Joint commissioning).

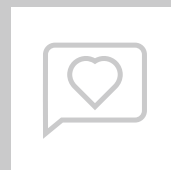


Ensure enough appropriate staff are deployed to include assessment of acuity across the partner organisations. Nursing associates will be included as registered professionals to deliver and monitor planned care, escalating to registered nurse responsible.

All staff registrations will be recorded and checked via NMC.

Nursing associates will be able to access additional training as to their role and the environment they're working in.

Appropriate clinical supervision should be accessible and available to nursing associates via the registered manager (if appropriate), community nursing service, nursing home nurse, or practice nurse. (See diagram 2)



The service providing residential accommodation (personal care) will not be registered to undertake regulated activity that covers TDDI or for regulated nursing care activity. Nursing associates will be under the direction of a registered nurse from another employer, it's that employer e.g. GP practice, that's registered for nursing care and TDDI.

Nursing associates will undertake nursing care that's prescribed in the care plans of the people they're looking after. Care plans will be monitored and reviewed regularly and any change or deterioration that's not covered in the individual's care plan will be escalated to the registered nurse.

Nursing associates will undertake activity classified under TDDI only under the direction of a registered nurse via clear care plans and agreed escalation points.



**Registered Nurse (RN) – Community Nursing Team**

All assessments and plans of care are in place and have been undertaken by a registered nurse from the community nursing team, GP practice, or nursing home.

Care plans will include acuity and guidance on escalation. Nursing associates will be working under the direction of the registered nurse via the plan of care. For each shift, nursing associates will know the clear lines of communication to a registered nurse for any areas of care that require escalation during a shift.

The registered manager retains statutory responsibility for all aspects, apart from nursing care/ TDDI provided where the partner organisation has the statutory responsibility.



**Registered Nurse (RN) – Care Home**

Please note that this example is showing a scenario whereby, a registered nursing associate is employed in a care home without nursing, where there is an agreed workforce plan.

Undertakes activities within job description, is accountable for own practice, line managed by registered manager.

**Registered Nurse (RN) – Care Home**

Undertakes assessment, care planning, clear line of communication, regular reviews, and evaluation of care.

Provides and monitors care in line with care plan and acuity.



[Care Quality Commission 'Briefing for provider \(January 2019\)](#).

[The Nursing and Midwifery Council website](#) which includes information on regulation and the standards of proficiency and information for employers.

[Skills for Care website](#) which includes seven films, the main film tells you what a nursing associate is, how it fits into the nursing family and what the benefits are of employing a nursing associate. It features people from the Lincolnshire partnership who were part of the first test site, and there are now three registered nursing associates in Lincolnshire care homes.

[Royal College of Nursing website](#) which includes guidance on job descriptions.

[UNISON website](#) discussing the role of nursing associates.

[Health Education England website](#) which has information and a number of case studies plus links to a range of useful supporting information and the nursing associate website.

[NHS Employers website](#) includes information about nursing associates.



For further discussion or information please email:

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[www.skillsforcare.org.uk/NAdeployment](http://www.skillsforcare.org.uk/NAdeployment)





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- Marisa Spice, Operations and Compliance / Learning and Development Manager (Nellsar)
- Rashid Ebrahimkhan, Director (Cambridge Nursing Home)
- Ruth Treharne, Practice Development Nurse (The Orders of St John Care Trust)
- Graham Woodham, Head of Regulated Professional Workforce (Skills for Care)
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With thanks to members of the sector workforce, NMC, CQC and the Chief Nurse of Adult Social Care who attended a roundtable event to agree the publication of this guide.



Cambridge, Taunton, Hinckley, Manchester, London, LinCA conference, Lincoln.

With thanks to colleagues at CQC and the NMC for their comments and input.



- Helena Reeves, Project Officer (Skills for Care)
- Katie Grant, Marketing Officer (Skills for Care)
- Catrina McGale, PR & Content Officer (Skills for Care)

