



MEMBERS HANDBOOK



Members' Handbook 2017

AXIS RECRUITMENT LIMITED

ABOUT THE AGENCY

Welcome, this handbook is produced for you, as an Agency Member. It contains information about Axis Recruitment Limited and outlines the requirements, responsibilities and working practices for all Agency Members. Full details of all Agency Policies and Procedures are always available to you in the main office. Please feel free to contact us with any queries or questions that you may have through the main office at any time during office hours.

It is the aim of this Agency to promote an independent, respected and dignified nursing and healthcare service to all of our clients delivered, at all times, by reliable dedicated and compassionate members of the Agency, regardless of grade or qualification.

Please read this handbook carefully before you commence work this will benefit not only yourself but also those for whom you will be caring. Thank you for choosing to work through us.

Throughout this handbook:

Axis Recruitment Limited will be referred to as the Agency.

Establishments (hospitals, clinics, nursing homes etc) will be referred to as Clients.

"Patients" relates not only to hospital or clinic patients but also to residents of Care Homes with/without Nursing.

The Care Quality Commission Inspection will be referred to as CQC.

We provide personal care including nursing in line with CQC regulations

The Agency offers an agency nurse/HCA service to Care Homes with/without Nursing, Hospitals, Industry and the Prison Service. We offer short or long term agency Nurse and Healthcare Assistant (HCA) cover when and where possible, ensuring that the relevant qualifications required for the duty are held by the Agency Nurse/HCA placed.

Axis Recruitment Limited is totally committed to providing the highest standards of care to all Clients. These standards are only achievable through the hard work and commitment of our Members - *your role within the Agency is vital*. Our aim is for all our Clients to recognize us as being a reliable provider of the highest quality of temporary Nursing and Healthcare Services.

All Members when caring for our clients must practice the Agency's philosophy of care and must always:

Provide the highest quality of care at all times whilst on duty. Help maintain or improve the quality of life of patients. Help preserve the dignity and self-respect of the patient. Be aware of (and uphold) the patient's right of privacy.

Be aware of (and uphold) the patient's right to dignity and their individual needs.

Provide support and confidence to the patient.

Work with the individual and their family and help to foster their independence.

Respect the patients (and their families or friends) involvement in the planning and delivery of care.

Work in a collaborative and cooperative manner with all health professionals and colleagues.

The Agency offers regular in-house study days and provides access to NVQ training through various training centers. This Agency is an umbrella organization for the Criminal Records Bureau and an equal opportunities employer. The Agency is also working towards a family friendly policy and supports a nonsmoking environment.

Equal Opportunities

The Agency is committed to the principles of equal opportunities and we will therefore:

Provide equal opportunities to all applicants, Members and Clients, and ensure no one receives less favorable treatment on the grounds of age, class, caste, color, creed, culture, gender, health status, marital status, mental ability, mental health, offending background, physical ability, place of origin, political beliefs, race, religion, responsibility of dependants, sensory ability, sexual or other specific factors which may result in discrimination.

Provide encouragement to all clients to progress their careers.

Regularly review our selection criteria, ensuring that everyone is selected, promoted and treated on the basis of their relevant merits and abilities. Ensure these principles are being implemented.

Equal opportunities legislation includes the following:

Sex Discrimination Act 1975

Race Relations Act 1976

Equal Pay Act 1970

Disability Discrimination Act 1995

Discrimination is the treating of any person differently due to age, class, caste, colour, creed, culture, gender, health status, marital status, mental ability, mental health, offending background, physical ability, place of origin, political beliefs, race, religion, responsibility of dependants, sensory ability, and sexual or other specific factors. If any Member feels they are being discriminated against, they must put the matter in writing to the Branch Manager or a Director.

Terms of Engagement

As a Member of the Agency you are a self - employed person. Before you are permitted to accept Assignments through the Agency, you will be asked to attend an induction session and read and sign a "Terms of Engagement Agreement" as well as providing all relevant information as required by our CQC registration. These will describe:

- The temporary nature of your engagement
- Hours (not guaranteed)
- Wages information
- Your obligations to the Agency.
- Your responsibilities as a member/service provider
- Training - you are required to attend a Moving People Safely training session and Induction Session.

It is a contract for service only, and does not give rise to a contract of employment between the Agency and you.

Please ensure that you have read the contract very carefully if you are unsure of anything included in the contract ask the person interviewing you. Do not sign until you fully understand everything included in the contract and are happy to do so.

We must receive two suitable references prior to any placements being offered to you. In addition before appointment you will be C.R.B. (Criminal Records Bureau) screened for enhanced disclosure as required by our CQC registration.

Timesheets

Timesheets must be completed correctly and clearly. If not, timesheets will be returned to you for completion or correction, which may cause a delay in you being paid for any duties on the timesheet.

All duties must be filled in on the dates you worked and signed by the person in charge.

- The total hours *worked* (After any breaks taken) must be entered on the timesheet before the client signs.

- Any mileage claim must be completed before the client signs.

- The timesheet must be signed by the client and dated. Any unsigned timesheets will be returned to the client resulting in delay in payment. Timesheets should be submitted weekly for payment.

1.7 Timekeeping Responsibilities

It is the responsibility of Members to report for their duty at an establishment by the agreed time. The Agency will not tolerate Members who continually fail to arrive on time for duties with no explanation, and this may lead to your employment being terminated. All Members undertake to:

- Carry out a duty if you have accepted the booking (unless it cannot be carried out due to illness or injury).
- Not accept a booking unless you are sure you can do it.

In addition, all members are required to ensure they receive an adequate Handover before they commence a shift. **DO NOT TAKE RESPONSIBILITY IF YOU ARE NOT HAPPY TO DO SO.**

1.8 Office Hours

Office hours are usually Monday to Friday 9am to 5pm. A full on call service is offered via telephone on weekdays from 7am prior to opening hours, then again after the office closing times through until 10pm. At weekends the on call service operates between 7am until 10pm.

1.9 Role and Responsibilities of Agency Members

The Agency requires all appointed Agency Members to:

- Keep the office informed of your availability for work.
- To carry out a booking if you have accepted it and arrive at the establishment in good time for your shift.
- Keep a diary to record bookings etc.
- Have the knowledge and skills necessary to provide a high standard of care.
- Have a caring work attitude and work as a team or alone.
- Adhere to health and safety procedures whilst on duty and report any health and safety issues to the office manager as soon as possible.
- Fill in all timesheets correctly and have the client sign it (incomplete or incorrectly completed timesheets will result in payment to you being delayed).
- Return your timesheets to the office by 4pm each Tuesday.
- Be aware of our Code of Practice and our Philosophy of Care. • Report all accidents and incidents as and when they occur.

- Work within your job description at all times and within your own capabilities. Healthcare members are not to perform duties outside your normal job description at any time.
- Report to the office manager if you find yourself in any compromising situations within your working environment, which may affect your performance.
- Report any issues, which give cause for concern to the office manager in regard to agency members and patient care.
- Attend a Moving People Safely training session every year and hold a current and up to date certificate.
- Report for duty in appropriate dress code.
- Ensure you receive an adequate handover before commencing a shift it is your responsibility to ensure you are happy with the information you have been given on the patients and staff at the establishment *before* you take over.
- Nurses to work at all times to the codes of conduct and practice issued by the Nursing and Midwifery Council (NMC).

The Agency's responsibilities to Members include:

- Ensuring that your working conditions are satisfactory.
- Ensuring that all CQC registration requirements are met.
- Paying your correct wages promptly for all correctly completed timesheets submitted.
- Informing you of other courses and training which may be relevant to you.
- Ensuring you have a fair hearing if a complaint is made against you by one of our Clients.
- Keeping your work placement as local to your home as possible or as far as you are happy to travel.

1.10 Termination of Membership

Any Member may be dismissed from the Agency register if any of the following occur:

- Drunk or under the influence of drugs whilst on duty.
- Violent behavior either physical or verbal abuse, directed at Clients, patients or other staff members, at allocated place of work.
- Theft, if proven, at allocated place of work.
- Breach of confidentiality.
- Nonattendance at place of work for 2 consecutive times with no explanations to the agency.
- Consistently turning up late for duty at an establishment.
- Fraud, for example, falsification of timesheets.
- All dismissals will be recorded and a copy sent to CQC.

1.11 Availability of Handbook and Agency Policies

It is a requirement of this Agency that all agency members shall be given a members handbook. In addition Members will always have full access to all policies of the Agency held in the Office at all times.

Section 2 CODES OF CONDUCT

2.1 Independence and Dignity

All patients should be encouraged to live as independently as possible. You must recognize their rights as individuals to be left alone and free from public attention into their affairs and they must be free to exercise choice in all aspects of their care. In Addition all patients must be treated with respect at all times.

2.2 Unauthorized People

Children, pets or any other unauthorized person must not be taken on duty with you.

2.3 Handling Incontinence

All Members will have to deal with an incontinent patient and you must, at all times, be sympathetic to the difficulties incontinence causes to a patient. You must act professionally and help maintain the dignity of the patient. Be aware of individual care plans. Incontinence in old age can be the result of physical, mental or psychological factors it is not inevitable. Patients may often be helped following appropriate assessment. Assessment and advice can be obtained through a local Nurse Continence Advisor (GP will have details). Always follow the procedure of the care establishment regarding the disposal of waste.

2.4 Administration of Medicines

The importance of the correct and safe administration of medicines must be stressed and the Agency insists that:

- To practice in the UK all registered nurses must hold a current registration with the NMC (Nursing & Midwifery Council) and must at all times abide by the professional code of conduct of that professional register. Trained members must also abide by the establishments' regulations with regard to the safe administration of medicines, the covert administration of medicines or the self-administration of medicines. All registered nurses are personally accountable for their own professional practice. Therefore the nurse must accept liability for any drug misuse.
- In Nursing Homes and Hospitals, all registered nurses must work according to the procedures laid down in the NMC Standards for the Administration of Medicines.
- HCA's should *under no circumstances* administer or dispense medicine *unless* they are happy to do so and are authorized to so in Care Homes.

It is the policy of this Agency that all registered nurses who actively hold a registered PIN number and who are covering duties through this Agency work to and follow the guidelines set by the Nursing and Midwifery Council in the U.K. and adhere to the client's working practices. All registered nurses will therefore be required to follow and adhere to all codes and conducts set by the NMC at all times. All registered nurses will be required to attend an induction day, where they will be required to sign to state they are accountable and responsible for their actions whilst on duty through this Agency.

Registered nurses must not accept duties outside of their grade, training and experience.

Therefore each and every trained nurse must state that they are prepared to accept the responsibility before the duty starts. Should any registered nurse find them in a situation, which

they feel is unsafe to practice, they are urged to seek advice from the senior nurse at the place of work, or the NMC for advice. It is the responsibility of the registered nurses to ensure that untrained staffs are not asked to cover tasks for which that they are not qualified. All registered nurses must follow the NMC Codes of Conduct at all times whilst at the place of work.

2.5 Death of Patients

When a patient dies, all Members must ensure that the dignity and respect of the patient is maintained. The nurse in charge should be informed immediately. If a death has been expected in a Residential or nursing homes the GP who last saw the patient is asked to attend when practicable and issue a death certificate. It is recommended that the GP ask the home to contact the undertaker if the body needs to be moved but not to be touched, in certain religions. It is the GP's responsibility to make sure that the deceased patient's GP is notified as soon as practicable. For expected deaths in hospitals follow the hospital procedures.

If a death is unexpected in Residential or nursing homes the patient's GP should be contacted and asked to visit to examine the body and confirm death. However, this is not a statutory requirement. The GP should then report the death to the coroner (usually through the local police). If an "on call" doctor is on duty, he may decide not to attend and advise you. Hospitals again, the hospital procedures must be followed.

2.6 Abuse and Harassment

Abuse is the violation of an individual's human and civil right by another person(s). The Agency commits to prevent any form of abuse and harassment. We are committed to creating a working environment where every Member is treated with respect and dignity. Abuse has many forms physical, emotional, psychological, financial or sexual. Harassment is unwelcome or offensive remarks made directly at or about another person on persons, thus in turn affecting his/her employment performance or job satisfaction.

The Agency wants all Members who suspect that a patient is a victim of abuse/harassment to take the following steps:

- Don't ask the patient about your suspicions.
- Keep a note of any relevant details regarding the suspected abuse or harassment.
- Speak in confidence to the nurse in charge or other person of responsibility.
- Contact the branch manager in confidence also.

The Agency also wants any Member who has been the victim of any form of abuse or harassment to contact the nurse in charge and office *as soon as possible*. The branch manager will investigate all matters fully.

Please read the Agency Abuse and "No Secrets" Policy in addition to this handbook.

The subject of abuse is topical within the health care profession, more so now than ever before. The following guidelines apply to all members regardless of grade and training who work for Axis Recruitment Limited.

The following guidelines are taken directly from the Nursing and Midwifery Council for Nursing, Midwifery and Health visiting, 1992. "As a registered nurse, midwife or health visitor you are personally accountable for your practice, and in the exercise of the of your professional accountability must;

1. Act in such a manner as to promote and safeguard the interests and well being of patients and clients.
2. Ensure that no action or omission on your part, or within your sphere of responsibility is detrimental to the interests, condition or safety of patients or clients.
3. Maintain and improve your professional knowledge and competence.
4. Acknowledge any limitations in your knowledge and competence and decline any duties or responsibilities unless able to perform them in a safe and skilled manner." (Code of professional practice, 1992).

As a health care assistant or home worker you also have a responsibility to your patients and clients. When you are caring for a patient or client you are placed in a position of trust. Not only from the nurse or manager in charge, but also from the patient or client. The patient/clients that need help are vulnerable; ***it is essential that you always report to the nurse or manager on duty, or agency manager on duty should you ever find yourself in a situation that you do not feel comfortable with. It is essential that you report to the agency if you find yourself in any compromising situation.***

2.6.1 Cause of abuse:

The causes of abuse generally fall into two categories;

1. Problems with the individual (intrinsic)
2. Problems with outside influences (extrinsic)

Most subjects of abuse generally result from a combination of the two and may present in the following areas: physical, psychological, sexual, financial, neglect.

And importantly it should be noted that the abuse might be intentional or unintentional.

Intrinsic factors

Communication can cause problems of confusion and misunderstanding, which leads to stress. Hearing difficulties may be misinterpreted as stubbornness. Visual problems may be misinterpreted as clumsiness.

A reduction in mobility may be interpreted as deliberate slowness.

Incontinence may be misinterpreted as awkwardness.

Extrinsic factors

These may include family, immediate or extended. For example, the family may have grown and the pressure placed on the immediate family to care for the older relative can cause much distress, and this in turn adds to the whole family being placed under more and more stress.

According to the report Granny Battering (Eastman and Sutton, 1992) there are three types of family relationship that may lead to abuse:

1. Initial love and concern verses increasing dependency.

2. Reluctance to take the role of carer and responsibility.

3. The acceptance of the responsibility in the family situation.

Thus the main carer becomes under increasing stress. The working relationship or perhaps areas that give the main cause for concern are:

Physical abuse: Forced medication, Forced Feeding, Restraint of a person against their will, Physical punishment of any kind, Emotional or psychological abuse, Threatening or humiliating behaviour, Lying, Social Isolation, Bullying and Patronising behaviour.

Sexual Abuse: Verbal Innuendo or sexually arousing a person, touching or kissing, Intercourse without consent, Any sexual act with agreement, but when the decision has been made under the influence of medication.

2.6.2 Indications of abuse

- Multiple bruising which is not consistent with accidents.
- Burns, which are not consistent, form any direct forms of heat or from a reported accident.
- Fractures, which are again not consistent with, reported falls etc.
- Bodily fluid burns as from incontinence pads etc. not being changed frequently, soiled bed linen etc.
- Signs of malnutrition or over feeding.
- Absence of aids i.e. glasses, hearing aids or mobility aids.
- Inappropriate use of medication or the absence of medication.

All of the above can be *intentional* or *unintentional* and should first be reported to the person in charge, insure that any concerns are also reported to the agency manager on duty, this may be requested in writing.

It is essential that any member of the agency team reports or asks about any incident even if it seems non conclusive we have a duty to our patients and clients to ensure their well being, to the best of our ability.

Abuse can also be directed at staff working within the health profession.

As agency members you are constantly placed in different working environments and situations, and may experience difficulties from regular members of staff. It may become necessary to report any problems that you may encounter to the person in charge, if you feel that because of uncooperative behaviour from other staff members you or your patients are put at risk.

NO SECRETS POLICY Do not be afraid to speak out about your concerns or worries at our allocated place of work.

Be constructive in your choice of words, remember that people do not always hear what we really say; they only hear what they want to hear, and how they want to interpret it. Likewise all clients should be encouraged to speak out against allegations of abuse in the environment in which they live. If necessary take another member of staff with you. According to the NMC guidelines all nursing adults are assumed to be competent unless legally declared otherwise.

The article: **Combating abuse and neglect of older people RCN guidelines for nurses produced by the Royal College of Nursing** is available for your viewing within the policy folder at the agency office. Please take the time to read it. If you require any further information please contact one of the agency managers.

2.7 Gifts and Wills

The Agency insists that no Member accept a gift from a patient, their relatives or an interested party. Also no Member should act as a witness to the will of any patient for whom they are providing care or have provided care to.

The Agency insists that it is not permissible for an Agency Member to offer any form of financial advice to a Client/Patient under any circumstances. *Note if an Agency Member does not adhere to these rules, his/her duties may be terminated.*

2.8 General Conduct

All Members are required to:

- Work in a professional manner.
- Help create and maintain close relationships with our Clients.
- Have a caring approach when dealing with patients, promoting their safety and well being.
- Be honest and act with integrity. Never say or do anything that may bring the Agency into disrepute.
- Be aware of the confidential nature of your work and do not disclose any information about your patients to anyone other than those involved in their care.
- Respect the dignity and values of every patient you care for.
- Not to smoke, drink alcohol or take drugs whilst on duty.
- Notify both the nurse in charge and the office regarding any complaints against you immediately.
- Never be a signatory to a client's Will or accept gifts from those for whom you care.

2.9 Uniforms and Identity Badges

All Members representing the Agency are required:

- To purchase the correct uniform.
- To wear the correct uniform at all times whilst on duty.
- To obtain an identity badge from the office.
- To wear, or carry in a pocket, your identity badge at all times.
- To be of smart appearance at all times (long hair to be tied back).
- It is the Member's responsibility, on appointment, to provide the office with two clear and up to date passport sized photos. One will be kept in your personal file and the other will be used for your identity badge. Identification badges must be worn *at all times*. The only exception is when a Client asks for badges not to be worn. On these occasions, you must carry your identity badges with you at all times.
- Under no circumstances should a Member lend or give their identification badge to another person to use. This will result in termination of employment on the grounds of gross misconduct.
- The office must be immediately informed if an Agency Member loses his/her identification badge.
- If a Member leaves the Agency, the badge must be returned to the office to be destroyed.

Uniforms Healthcare Assistants:

- Tunic Top - white with lilac piping or lilac with white piping. Tunic Top for Men - white.
- White dress with lilac piping.

Uniforms Trained Members:

- Tunic Top - Navy blue (Sister), White with blue piping (Staff Nurse).

- Navy blue dress (Sister). White dress with blue piping for Hospital Assignments. These can be purchased through the office where a uniform order form will be completed. The cost will be deducted from your wages over 1 or 2 weeks. Men and women must wear black or grey trousers and black shoes. Please note - JEANS are not permitted. All Members must also:

- Wear their identification badge. This will show your photo, name and authorization from an office member. Do not feel offended if you are asked for your ID badge, it is a security measure. Please inform the office if you mislay your ID badge. Trained members should always have access to their PIN number if asked whilst on duty.
- Keep uniforms clean and pressed at all times.
- Keep long hair tied back so as not to pose an infection or safety hazard.
- Keep jewelry to a minimum, with no dangling chains or earrings. Only stud earrings should be worn to minimise the risk of cross infection.
- Wear low, sensible shoes so as to comply with health and safety regulations.

If a Client particularly requests that a uniform is not worn for an assignment then their wish will be respected but Members must:

- Inform the office.
- Wear their identification badge.
- Be smartly dressed in a manner acceptable to the Client.

2.11 Communicable Disease

All Members need to be familiar with the measures that can be taken to minimize the risks for both the recipient and the provider of care, including the relatives of the recipient, your colleagues or anyone else who may be exposed to infectious diseases. The overriding principle is always the safety and well-being of the patient. The following Acts apply:

Public Health (Control of Disease) Act 1984, Food Safety Act 1990 and the Public Health (Infectious Disease)

Regulations 1988

List of Notifiable Diseases:

Acute Encephalitis, Paratyphoid Fever, Acute Poliomyelitis, Plague, Anthrax, Rabies, Cholera, Relapsing Fever, Diphtheria, Rubella, Dysentery, Scarlet Fever, Food Poisoning (or suspected FP), Smallpox, HIV, Tetanus, Leprosy, Tuberculosis, Leptospirosis, Typhoid Fever, Malaria, Typhus, Measles, Viral Haemorrhagic Fever, Meningitis (viral, bacterial or fungal), Viral Hepatitis (A, B, C, D, E), Meningococcal Septicemia (without meningitis), Whooping Cough, Mumps, Yellow Fever, Ophthalmia Neonatorum, MRSA.

The Agency is aware that Members with communicable diseases may still be able to carry out nursing and care tasks.

However, because the safety and well being of patients is of utmost importance, and even when the level of risk is low, Members must decide whether to make themselves available for work. It is imperative that good infection control practice should be followed by Members at all times and it is also important that all incidents are immediately reported and so avoid the risk of cross infection. Members who have colds or other minor ailments should not care for frail patients or those with low immunity. Should a Member have a more serious condition, then your suitability for work should be discussed with your GP. If an incident occurs where a Member may have been exposed to a communicable disease, the Agency will assume he/she has been infected and evidence must be provided that infection has not occurred. Communicable diseases must be

declared by all applicants at or before interview and. Members are required to disclose any subsequent exposure to, or contraction of, such diseases. In addition all Members are responsible for taking adequate precautions to protect patients from communicable diseases. Advice can be obtained from the Area Health Authority. If appropriate, the Agency may inform clients regarding communicable diseases, so that the Client may make a decision. The information regarding Members will be treated as strictly confidential, and no disclosure will occur without consent.

2.12 Infection Control

High hygiene standards must be maintained at all times to minimize the risk of cross infection. All Agency Members must follow safe working practices in order to protect themselves and patients. Infections can be transmitted directly by touch or indirectly when an item is touched and you then touch the item or by air (coughs and sneezes). To control this, a number of universal precautions must be followed:

2.12.1 Hand Washing

The aim of ward hand hygiene is to remove transient microorganisms and prevent transfer to a susceptible patient. *You should be aware that most infections in a hospital environment are spread via the hands of staff.* Infection costs the NHS a substantial amount of money and infections themselves cause distress to patients. ***Hand washing is the single most important measure in infection control.***

All Agency Members must wash their hands:

- Before, during and after a duty
- Before and after any aseptic procedure.
- Before and after meals or handling food.
- Before and after handling any patient/providing care. •

Before and after smoking a cigarette.

- After handling any item that is, or may be, spoiled (e.g. incontinence pads, commodes or clinical waste).
- After using the toilet.
- If they are visibly soiled.
- After coughing or sneezing, blowing your nose or touching hair.

Hands should be washed thoroughly use a good cleaning agent. For all medium or low risk procedures, soap and hot or warm water, (followed by an alcohol rub if necessary) is sufficient. For high risk procedures, e.g. prior to minor surgery, you may use an antibacterial soap and also use an antibacterial agent before putting on sterile gloves. After wearing gloves, hands should again be cleansed. The cleansing agent must come into contact with all surfaces of the hands and nails for at least 10 seconds, but preferably 2030 seconds. Hands, fingers, thumbs, wrists etc must be vigorously rubbed, but not scrubbed (this debrides the skin and is harmful) and finally rinsed thoroughly. All jewelry should be removed prior to washing and hands should be dried thoroughly with disposable hand towels or under a hot air dryer. Particular care should be taken if your hands are sore or chapped. All breaks in the skin must be occluded with waterproof dressings, and blue plasters should be placed over wounds when involved in preparing food.

2.12.2 Personal Hygiene

The Agency insists that all its Agency Members maintain a high standard of personal hygiene at all times. These basic guidelines should be followed:

- Shower or bath regularly and use an antiperspirant.
- Hair should be clean. If it is long, it must be tied back.
- Fingernails should be short and clean. Do not wear nail polish. •

Uniforms must be clean and changed daily.

- Shoes must be clean and of a sensible type with low heels. •

Fashion jewelry must not be worn whilst on duty.

2.12.3 Protective Clothing

Protective clothing where required should be worn to help minimize the risk of spread of infections.

- When there is any risk of the contamination of hands (e.g. by blood or body fluids), then non-sterile, latex or vinyl gloves must be worn. The gloves must be disposed of after each patient and your hands washed thoroughly.
- Disposable plastic aprons must be worn if splashing of body fluids or blood is possible. These can also be worn for any general work in the hospital or residential home.
- Both disposable gloves and an apron should be worn when dealing with spillage. The spillage should be cleaned up with disposable towels and treated as clinical waste, and the area cleaned thoroughly with a suitable cleaning agent. When dealing with incontinence, be calm and reassuring to the patient and make sure they are covered up in a dignified way.
- If there is a risk to eyes from irritants splashing or foreign bodies, then protective eye wear must be worn. In case of accident, wash out with plenty of water and seek medical advice.

2.12.4 HIV and AIDS

Human Immunodeficiency Virus is the cause of AIDS and it affects the immune system breaking down the body's defenses. For more information on dealing with patients with HIV/AIDS please contact the Area Health Authority.

2.12.5 Hepatitis

This virus causes inflammation of the liver. There are five known hepatitis viruses:

- A transmitted usually by contamination of drinking water by infected faeces and common throughout the world.
- E transmitted usually by contamination of water by infected faeces and found mainly in developing countries.
- B transmitted sexually and via blood and blood products. This is a more serious infection, as it is more likely to become chronic.
- C again, transmitted sexually and via blood and blood products. As with the B virus, infection with C virus is more serious as there is a greater risk that infection will become chronic.
- D only exists in people already carrying the hepatitis B virus. Spread mainly by needle sharing drug abusers.

2.12.6 MRSA (Methicillin Resistant Staphylococcus Aureus)

MRSA is a bacterium, which causes serious infection in the frail and elderly, and transmission is mainly by hands, which have touched contaminated items. However, it poses very little risk to healthy adults provided that hygienic precautions such as hand washing and wearing gloves are followed.

If patients or Members who have (or have had) MRSA are admitted to hospital, the hospital must be notified prior to admittance.

2.13 Personal Safety

All Members are responsible for their own safety when traveling to and from a hospital or nursing establishment. Always follow these guidelines and be particularly vigilant when a duty is in a difficult area or when you start or finish a duty at an unsociable hour.

- Always tell someone where you are going and what time you expect to return.
- Wear a coat to cover your uniform so that people do not know that you are a carer.
- Carry a personal alarm or whistle and never take short cuts - keep to well lit footpaths.
- Lock your car and keep all valuables in the boot. Do not leave anything visible within your car, which might attract the attention of a thief.
- Inform the client or the Agency if you are, or expect to be, delayed.
- Keep a torch and a map of the area in your car.

2.14 Criminal Convictions

Applicants and Members must:

- Declare criminal convictions whether spent, convicted or charged. This is in line with the Rehabilitation of Offenders Act 1974.
- Pay for a Criminal Records Bureau (CRB) enhanced clearance disclosure.

Section 3 MEMBERSHIP RECRUITMENT

3.1 Selection of Staff

The selection methods we use for recruitment are related to the requirements of the job.

- We do not seek irrelevant qualifications, experience or skills. Applicants for employment are shortlisted/selected solely on the basis of their assessed capability for the role.
- We consider support and reasonable adjustments where potential employees may need such to assist them to carry out the role for which they are applying.
- We ensure that there is an adequate complement of staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of those who use our services.

Protected Characteristics

No job applicant, employee or anyone we deal with receives less favourable treatment because of their protected characteristics. The protected characteristics are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race (including colour, nationality, ethnic or national origin)
- Religion or Belief
- Sex
- Sexual Orientation

It is the responsibility of each individual member of staff to ensure they have a current up to date prep record. Prep profiles are requested at interview. All agency members are encouraged to report to the main office any issues, which give cause for concern in regard to staffing and patient care.

Section 4 HEALTH and SAFETY

4.1 Health and Safety

The Agency abides by The Health and Safety at Work Act 1974. This Act states that all Agency Members have a responsibility for their own safety and those of others (coworkers, patients' etc). You are responsible for what you do and what you don't do by law. So as far as is practicable this Agency will ensure every member is aware of health and safety regulations to avoid any health and safety risks. The Agency Health and Safety Policy is available in the Office at all times. The establishments have a general duty to ensure that the working environment is free from any dangers to health and safety. This Agency will notify you of any specific hazards relating to your allocated place of work, which have been notified to us by the establishment or client. As previously stated new Agency Members must attend an Induction Session, which will outline the Health and Safety policy and other of Agency's policies and procedures.

In addition, Health and Safety issues will be discussed with all new Members at the Moving People Safely training session, and you will be asked to sign a declaration which states that you are fully aware of the Health and Safety procedures in operation. It is vital that you are aware of the risk implications in regard to ignoring Health and Safety issues in the workplace. *This is a requirement of law.* Vaccinations will be discussed during your induction please also refer to relevant handbook section.

It is important that you report any health and safety concerns to the branch manager or the manager on duty *as soon as possible*.

You are legally required to report and record all accidents; injuries and dangerous occurrences officially do so immediately through the nurse in charge at the establishment where you are working. Make sure it is recorded in the appropriate record book.

All members should be familiar with the health and safety guidelines of each establishment that they work in. We request that all establishments sign a declaration that they are insured for all temporary workers (i.e. agency members) and that they undertake an induction for temporary members. Appropriate dress must be worn whilst on duty refer to relevant handbook section. All Members have a responsibility to ensure that they are aware of the fire drills of the establishment where they are working in order to protect themselves and their patients. Illness all Members should immediately inform the office or on duty manager should they become ill and unfit for work refer to relevant handbook section.

Notifiable diseases within a workplace should be notified to the office or on duty manager immediately. Members must adhere to nonsmoking policies held by establishments.

Members should take adequate rest time off between duty shifts. The reporting of certain hazards to the appropriate enforcing authority is also required. For example the local environmental health officer may need to be informed. The following must be reported by the establishment: Gas incidents, Dangerous occurrences, accidents that cause more than three days incapacity to work, any major injury or accidents, fatal accidents and communicable diseases.

4.1.1 Vaccinations

All new Members will be advised to see their GP to ensure that all vaccinations are current and appropriate to the workplace. This is recorded on the application form. It is your responsibility to take adequate precautions to protect yourself from infectious diseases so you must keep your

immunisations up to date. Check with your GP about Poliomyelitis, Tuberculosis, German Measles, Tetanus and Hepatitis B.

4.1.2 Sickness

Sickness, illness and injuries are inevitable from time to time. The Agency requires all Members who are unable to undertake duties because of sickness or injury to:

- If booked in to work notify the office at least the day before the duty is due to start.
- If not booked in to work inform the office on the first day of illness. •

Inform the office of the nature of your illness or injury.

- Inform the office whether your illness or injury is a result of your duties.
- Inform the office if you have visited your GP and how long you think you will be absent from work.
- Keep the office informed of how you are and when you think you will be able to undertake duties.

4.2 General Safety Guidelines

The following are guidelines. Please refer to your area health authority and relevant legislation for full details.

4.2.1 Electrical Safety

There are 2 main risks when dealing with electricity electric shocks and fire. Members should follow the following rules:

- Report any dangers or hazards you come across immediately, such as faulty wiring.
- Do not overload plugs or sockets.
- Do not use adapters use multiple socket outlets. • Use only one plug to one socket.
- Plugs and sockets should not have any exposed wiring or be in a bad condition.
- If a socket is hot or equipment is overheating, then it is faulty. Switch off the socket immediately. Report the matter to the person in charge.
- Frayed or damaged cables and flexes are a fire hazard and must be replaced.
- Extension cables must be uncoiled to prevent them heating up. •

Switch off a socket before removing the plug.

- Switch off and unplug appliances before cleaning or maintaining, and when not in use.
- Electricity and water *do not mix*. If your hands are wet, DO NOT touch light switches or use electrical equipment.
- Do not use any defective electrical appliances check they are safe to use.
- Use an RCD (electrical circuit breaker) with any appliances you use.

4.2.2 Electric Shocks

The following procedures should be followed:

- Immediately switch off the power supply at the mains.
- Then call the emergency services or shout for help. • Do not touch the person.

- If you cannot get the power switched off, pull or push the casualty clear with a broom, wooden chair etc. *Never* use a metal instrument.
- If you are not wearing thick rubber soled boots, stand on lino, wood, rubber or telephone directories **DO NOT PUT YOURSELF AT RISK.**
- If the casualty is breathing and has a pulse, place in recovery position and immediately seek assistance.

4.2.3 Fire Safety

Ensure you are aware of the emergency procedures in each establishment you are working in. It is your responsibility to know what to do. If you think a fire has broken out call the emergency services immediately and raise the alarm. In order to minimize the risk of a fire breaking out by follow these guidelines:

- Report any hazards you come across immediately.
- Use equipment only if authorized to do so and if properly trained.
- Observe the no smoking signs never smoke in a prohibited area. Smoke only in designated areas.
- Use ashtrays and put out your cigarettes properly.
- Dispose of matches, cigarette ashes and cigarette ends in proper receptacles
- Any matches and lighters should be kept out of reach of confused patients and children. • Do not overload circuits.
- Turn off any appliances when not in use.
- Ensure smoke alarms are used and test them regularly.
- Store and dispose of all supplies which may be fire hazards properly. • Put rubbish in metal bins with lids.
- All fire exits must be clearly marked ensure they are unobstructed. • External fire doors must open easily.
- Keep internal fire doors closed at all times. Do not use wedges. • Use fireguards.
- Any freestanding heaters should be put where they cannot be knocked over and a safe distance from flammable materials.
- No items should be near a direct source of heat.

4.2.4 Gas Leaks

If you smell gas, you should immediately:

- Open all doors and windows.
- Check that all gas appliances are switched off. •

Inform the nurse in charge.

Do not switch on any electrical appliance, switch on any electric lights or use lighted matches when you smell gas. Report the matter immediately to the person in charge.

4.2.5 Control of Substances Harmful to Health (COSHH)

There are many harmful substances in everyday life these include:

- Substances labeled toxic, corrosive, harmful, irritant, flammable
- Viruses, bacteria etc
- Carcinogens

- Pesticides and chemicals
- Products and byproducts e.g. fumes or dust. Commonly used substances include bleach, detergents (some), petrol, paint, cleaning materials, photocopier toner, poisons e.g. rat poison. Because these are potentially harmful to your health, you must be careful when handling them. All harmful substances must be clearly labeled with one or more of the following, Toxic, Corrosive, Harmful, Irritant, and Flammable.
- Gloves and aprons must be worn when dealing with any clinical and body waste, and harmful substances.
- Always follow the instructions for use when using hazardous substances.
- Store hazardous substances in a safe place away from confused patients or children.
- Never mix cleaning chemicals.
- Do not use any unlabelled substances.
- Don't smoke when dealing with hazardous substances.
- Wash hands after dealing with hazardous substances.
- Keep the lids and covers sealed tightly on containers of hazardous substances.

4.2.6 Notifiable Diseases

You must report all notifiable diseases to the office. You must not carry out any duties any if you have a notifiable disease, as this will put patients at risk. Please contact the office for more information on notifiable diseases and see relevant handbook section, Accidents and Incidents.

All accidents and incidents must be reported immediately to the nurse in charge.

It is your responsibility to report all accidents and incidents. **All accidents must be recorded in the appropriate book at the place of work.** Also inform the agency office, who will keep you informed of any action taken.

4.3 Food Hygiene

From time to time, Agency Members may be asked to assist in the preparation of food for patients. The Agency must ascertain the level of knowledge and understanding that the Member has about food hygiene before any duties involving food preparation are offered. Members must ask to be placed on the next available Food Hygiene Course if required.

Food hygiene is very important! By following high standards of food hygiene, a Member provider can:

- Reduce the risk of food poisoning.
- Create a good impression.
- Provide a safe working environment. • Avoid prosecution.

Always remember if you are involved the handling, preparation or serving of food, you must have a good standard of personal hygiene yourself. Contamination of food must be prevented.

Refer to the handbook section on personal hygiene and note the following also:

- Always use rubber gloves when dealing with rubbish bins.
- Use only clean dishcloths and tea towels.
- Wash work surfaces thoroughly, both before and after use. • Keep all knives used for raw meat separate.
- Check that the temperatures of any fridges you are using are correct degrees Celsius. Always cover all food stored. Food should never be put in the fridge until it is cool. Store cooked

meat above raw meat. Do not put opened cans of food in the fridge transfer the contents into suitable containers for storage. Defrosted chicken or meat can be stored in a fridge for up to 24 hours before cooking. Hot meat be cooled very quickly and transferred to the fridge within one and a half hours. High risk foods include all cooked meat and poultry, milk, cream, custard and dairy products, cooked eggs and products containing cooked egg, shell fish and seafood, cooked rice. Food poisoning bacteria multiply best between and 63°C this is known as the danger zone. Most bacteria are killed at temperatures of 70°C and bacteria grow slowly, below 5°C.

4.4 Moving and Handling

Relevant Legislation: Health and Safety at Work Act 1974, Manual Handling Operation 1992 (which came into force 1/1/93), ECC Directive Management of Health and Safety at Work Regulations 1992, Reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR) Full policy information is available from the Office but in general it must be understood that moving people safely is of utmost importance, both for the patient and the carer, and Members must adhere to regulations. Regulation to states: "Manual Handling means any transporting or supporting of a load including the lifting, putting down, pushing, pulling, carrying or moving thereof by hand or by bodily force." A "load" is defined as a discrete moveable object this includes a person receiving care. These regulations help Members to:

- avoid manual handling operations which may involve risk of injury.
- assess any hazardous manual handling operations which *must* be undertaken i.e. take into account the task itself, the load involved, the environment and to look at the individual capabilities of each of the lifters.
- Minimize any risk of injury.

The Agency's CQC Registration requires that Members:

- attend a Moving and Handling update course. This will be organized through the office and must be paid for by the Member (this can be deducted from your wages).
- update their knowledge and attend a course once a year.
- only use moving and handling equipment if you have been trained to do so.
- are aware that they are responsible for their actions whilst on duty and do not attempt anything beyond your training and capabilities.
- control any imminent falls without bearing the weight of the patient if you think that a patient is about to fall, *do not* attempt to catch them.
- do not put themselves at risk.
- make a record of, and report any incidents to, the nurse in charge. The Moving People Safely training session includes information on COSH, Health and Safety, and the law. Around one third of all accidents reported each year to the enforcing authorities are associated with manual handling. Fatal manual handling accidents are rare, but mainly result in a sprain or strain, often of the back, which leads to time off work. Injuries associated with manual handling tend to be cumulative rather than the result of a single incident.

Section 5 MISCELLANEOUS

5.1 Data Protection Act 1988

Data regarding all our members is held on file at the office and the Agency is regarded as a Data Controller under the data Protection Act 1998. The Act gives you the right to be informed in writing by the Agency as to the nature of the personal data held about you, the purposes for which that data may be processed and the persons to whom the information may be disclosed.

This includes information relating to training, qualifications and personal data. You are entitled to look at your personal file and the full Agency Policy at any time.

5.2 Disciplinary Matters

In order to comply with statutory obligations, the agency has standards relating to performance and conduct which must be complied with by all Members. Through these standards, the Agency can maintain high standards and efficiency.

- Disciplinary action will only be taken by the Branch Manager and the Director when all reasonable efforts have been made to assist the individual.
- For full disciplinary procedures, contact your branch manager and see the complaint policy in this handbook.

5.3 Employment by a Client

Occasionally, a Client may approach a Member and ask if you will work for them directly. If this happens, please inform your office. The Agency respects your right to accept any offer of employment, but also reserves the right to protect itself against abuse of its services. The Agency reserves the right to charge a placement fee.

5.4 Grievances and Complaints

It is important that all grievances are given serious consideration and resolved as soon as possible by informal or formal means. If you have discussed your grievance with the office manager but feel it has not been resolved, then a Member provider should put their grievance in writing to the Branch manager giving full details. If the grievance relates to the Branch Manager, then write to a Director of the Agency. All Members Providers will be given equal opportunities to make appeals against decisions made affecting their progress and completion for their NVQ assessments and training programmes. Appeals must follow the guidelines laid out in Agency policies (copy in office). The Agency will make every effort to resolve the matter. With regard to complaints it is the aim of the Agency to provide a level of service that will keep complaints to a minimum. All complaints are confidential. Complaints regarding any Member will be investigated fully. See Complaint Policy for further details.

5.5 Insurance

The Agency has arranged Employers and Public Liability Insurance on behalf of all of its Members providing cover for claims up to £5million per incident in any one year. Details of the Insurance cover can be obtained from the Branch Office. The Agency accepts no liabilities for Members travel on their way to work placements. This is the responsibility of the Member themselves. If you travel in a vehicle, your own motor insurance policy should cover you for journeys to and from work. If in doubt, check with your insurance company.

5.6 PAYE (Tax and NIC)

It is a legal requirement for the Agency to deduct the appropriate tax and National Insurance from your wages. If your work with the Agency is your main or sole employment, then you will receive full tax allowances according to your individual tax coding. Deductions for Class 1 National Insurance will normally be made by the Agency on your behalf. If you are entitled to reduced NI contributions you must produce the correct certification to the Agency before commencing assignments.

Before commencing assignments all new Members must provide a relevant P45 or complete a P46.

- P45 this is issued by an employer when you leave their employment. Parts 2 and 3 of the P45 must be given to your new employer before your pay and tax code can be processed.
- P46 this should be completed if you do not have a P45.
- If you have another employer and you work for the Agency also, you will be taxed at basic rate (BR) tax code, on the basis that all tax allowances are being given against your main employment.
- P2 and P6 if the tax office changes your code you will be sent a P2 showing how this has been calculated. Your employer will be sent a P6 which will show the code only.
- P60 At the end of the financial year you will receive a P60. This is a "Certificate of Pay and Tax deducted" and should be kept in a safe place.
- P38(S) Students these forms should be completed by students working for the Agency during their holiday periods only you will then be put on to a NT (no tax) code for these periods only. National Insurance is, however, payable. If you work for the Agency during holidays and at other times during the term, you will be taxed normally. A new P38(S) must be completed every year.
- CF384 if an Age exemption Certificate is issued to female Members over the age of 60 years, and men over 65 years, then no national insurance contributions will be deducted from your wages.

5.7 Training

It is the aim of this Agency that all members shall have equal opportunities to receive and achieve developmental training, to enable them to function as effectively and efficiently as possible within their own capabilities and to enhance the individuals' knowledge. As a Member you will be offered training and development opportunities on a regular basis. The topics covered range from infection control, observation courses, care of the dying and emergencies at work. Training needs will be assessed at your appraisal, where you will also be asked about any skills you feel need updating or new skills you wish to acquire. The Agency will ask you to complete a questionnaire following any training undertaken so that we may assess the impact the training has had on the individual. All registered nurses are responsible for their own professional practice and they must adhere to the NMC Code of Conduct. Reflective practice should be documented in your profile i.e. what you learn from a particular study activity that helped you in your particular discipline. If you have had a break from practice (defined as working for less than 100 days or 750 hours in the preceding 5 year period) you should contact the NMC for information on the statutory Return to Practice Programme. A list of regular training courses and other relevant reading material can be obtained from the Office.

5.8 Quality Assurance

The Agency follows strict quality assurance checks in regard to the service offered to all our Clients. The objectives are to ensure that the standard of service offered is the standard met (to ensure that the service offered is the service received) and to promote equal opportunities to all Members through adequate training facilities, NVQ study days and other appropriate training days. Also the objectives are to review, through appraisals and regular meetings, the standards of our members and of our complete service. Please note that this policy is also under review currently to ensure we maintain the best service to our clients.

5.9 Religion

All patients must be allowed the right to follow their own religion and respect must be shown for these beliefs. When in doubt, ask the client or the patient himself or herself, or any relatives or other carers involved about any special needs.

5.10 Procedure for Allocating Assignments

- All establishments who wish to book agency cover are asked to telephone or fax their requests as soon as possible so that the request can be filled with the most appropriate agency nurse. The manager on duty will give an immediate decision as to the possibility of the shift being covered, i.e. "yes I believe we may be able to help you" or " No, I am sorry we have no cover for that shift/day"
- Every possible effort will be made to organize the cover request with the most appropriate agency members, that is, the correct grade and living within an acceptable distance of the establishment. It is Agency policy that Agency members should not travel for journeys of over 40 minutes to get to their allocated place of work. Members are therefore asked to contact the Office on a regular basis and give as much notice of availability as possible.
- This agency believes in continuity and every effort will be made to ensure clients have the same agency members whenever possible. When the booking is confirmed back to the client it is then classed as booked and is entered onto the correct format at the agency office. It is recorded who requested the booking and who accepted the booking. If an Agency Nurse/HCA arrives for a booked duty and is then not required by the Client and no cancellation can be found in the agency records, the full fee will be charged. All bookings/cancellations and requests are recorded on the day with the appropriate name from the establishment. **You are welcome to view our booking procedure at any time.**

5.11 Record Keeping

Maintaining records is an essential part of providing care. In all client settings it is usually the qualified nurse's responsibility to ensure that client records are updated. However, untrained staff must ensure that they inform the qualified nurse of any changes in a patient's condition. Where appropriate an entry should be made in the patient's report book at the end of each assignment as required by the Client. The entry should be signed and dated. All registered nurses are accountable for their own professional practice and must adhere to their Professional Code of Conduct.

Section 6 COMPLAINT POLICY

It is the aim of Axis Recruitment to keep complaints to a minimum through good working practices, regular training updates and selective recruitment procedures. However, all complaints received will be treated as confidential but it must be understood that in serious cases the Nursing and Midwifery Council and the local Care Quality Commission(CQC) Office must be informed:

Office must be informed:

In this context a complaint is the reporting of an occurrence that is not been to someone's liking in relation to a working matter. It may be as a result of a personal remark, attitude/behavior or a direct complaint in relation to the standard of a person's working practice. All complaints will be taken seriously. The complaint may be about a Member of the Agency, or from a Member about a Service User based at one of the establishments that uses the agency. All complaints will be recorded in the Agency Complaint Book and this will be available for inspection by the Care Quality Commission(CQC) at all times. The policy is not intended to cover any complaints made in any nonworking situations i.e. in personal time. It is the aim of the Axis Recruitment Limited to provide a high level of service that will keep complaints to a minimum. All complaints are confidential and we aim to resolve all complaints successfully within 28 working days.

Complaints of a serious nature involving a Nurse will automatically be referred to the Nursing and Midwifery Council (NMC) and the Care Quality Commission(CQC) local Office.

- Axis Recruitment Limited will use its best endeavors to provide a resolution for minor complaints within 24 hours.
- An acknowledgement to all written complaints will be provided within working days of receipt of written complaint in the Branch Office.

6.1 A Complaint made about an Agency Member

In the event of a complaint made against an Agency Member the following procedures apply:

- The complaint should be made immediately to the Manager on duty for the Agency.
- Full details of the complaint will be logged in the Complaint Book and given to a Director of the Agency at the earliest opportunity.
- The complaint must then be made to the Registered Branch Manager in writing from the person making the complaint.
- The complaint will be brought to the attention of the member of agency staff concerned and they will be required to give their reply in writing within 3 days of notification.
- A verbal discussion will be held with the member of agency staff and the Registered Manager may require him/her to leave the place of work until the complaint has been resolved.
- The member of agency staff may wish to bring a representative to meetings or ask him/her to write in.
- A copy of the Agency Member's statement will be sent to the person making the complaint as soon as possible.
- If the complaint is of a serious nature the Registered Provider will also attend the meeting to discuss the possible dismissal of the Agency Member. Complaints of a serious nature which will result in instant dismissal include:

a) Drunk or under the influence of drugs when on duty.

- b) Theft if proven at place of work.
- c) Breach of confidentiality.
- d) Verbal/Physical abuse of patient or any other person at place of work.

- The Agency will endeavor to resolve all complaints within 28 days in all cases.
- Continual complaints towards an Agency Member staff may be investigated as follows:

Obtaining written details regarding complaints.

Asking other staff to give valid opinions of circumstances.

Asking other Agency members if they have problems with a particular Service User /Member of their staff/Patient. A verbal discussion will also be held with the Agency Nurse/HCA concerned, and if necessary the manager will insist that the agency nurse leave the place of work until the complaint has been resolved. The agency Nurse/HCA may wish to bring a representative, or may ask the representative/witness to write a formal letter of complaint.

A copy of the Members and representatives statement will be sent to the person making the complaint as soon as possible. If the complaint is of a more serious nature then an agency manager will accompany the director at a meeting with the Member, to discuss the dismissal.

Any serious complaints involving a registered nurse will be sent to the NMC and CQC immediately. Repeated complaints towards an Agency Member will be investigated fully, by the following means. Obtaining written requests stating the complaint, the possibility of other staff being asked to give their valid opinion of the situation. Asking other Agency Members if they consider there is a problem with a Service User/Member of Staff/Patient. Discussing with the Member direct the nature of the complaints, and what action should be taken to rectify the situation. Unfortunately repeated complaints may suggest that agency nursing may not be suitable for his/her assignment and they may be asked to reconsider their employment.

6.2 A Complaint made about a Client User and/or their Staff

In the event of a complaint being made to Axis Recruitment Limited regarding a Client (Service User) or one of their staff the following procedures apply:

- All complaints will be treated as serious and remain confidential in the first instance.
- The complaint may be reported to one or more of the following if considered necessary by the Registered Provider and the Registered Manager of Axis Recruitment Limited:
Person in Charge (Service User), Care Quality Commission(CQC), The Complaint should be made as soon as possible in writing to the Registered Manager of the Agency who will notify the Registered Provider.
- Any members of agency staff at the establishment may be asked to leave if the Manager on Duty for the Agency considers there may be risk to health and safety.
- If necessary no further agency members will be sent to the establishment until the complaint has been resolved.
- A full record will be maintained in the Complaint book.
- Complaints regarding a registered nurse will be reported to CQC and the NMC within 28 days.
- Agency Members may contact the Care Quality Commission(CQC) directly at any time if they deem it necessary.

The Address of the local Care Quality Commission(CQC) Office is:

Care Quality Commission

Edgeley House,

Riverside Business Park Tottle

Rd, Nottingham,

NG2 1RT -

0115 934 0900

CONTACTS AND USEFUL ADDRESSES

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NMC
23 Portland Place
London
W1B 1PZ
Tel: 020 7637 7181

Commission for Social Care Inspections (CQC)

Edgeley House,
Riverside Business Park
Tottle Rd, Nottingham,
NG2 1RT -
0115 934 0900