

A black and white photograph of two women. The woman on the left is younger, with dark hair, wearing a dark cardigan over a dark top, and has her arm around the shoulder of the woman on the right. The woman on the right is older, with light-colored hair, wearing a patterned top and a patterned skirt, and is smiling broadly. They are standing in front of a brick wall and a window with patterned curtains.

**An employer's guide to the
deployment of qualified registered
nursing associates in social
care settings**

Summer 2021

Contents

Introduction

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.

This document doesn't provide specific advice on situations which have been agreed with the regulators, each situation is individual.

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.



Introduction to the role of nursing associates

What's a nursing associate?

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.



What's the qualification for a nursing associate?

Nursing associates will have a foundation degree pre-registration training, which typically involves two years of higher education, including placements to gain experience across the four fields of nursing – adult, child, learning disability, mental health - within a range of different settings.

Is the nursing associate a regulated role?

Nursing associate is a protected title in law, only people who are qualified and registered can be employed as a nursing associate. The role is regulated in England by the Nursing and Midwifery Council (NMC). The nursing associate is a regulated role, with the individual nursing associate receiving a PIN number and being on the NMC register of nursing associates.

The nursing associate is subject to revalidation every three years and works to 'The code (NMC 2018)'.

'The code' presents the professional standards that nurses, midwives and nursing associates must uphold in order to be registered to practise in the UK. It's structured around four themes – **prioritise people, practise effectively, preserve safety, and promote professionalism and trust**. Each section contains a series of statements that taken together signify what good nursing and midwifery practice looks like.



The net:net benefit of the culture you set within the home, the retention of your high-quality staff. This is a long-term plan for an issue that is with us now and is only going to get worse.



**Adam Knight,
Managing Director
of Knights Care Ltd**

has supported the implementation of the role since the very start.

What can a nursing associate do?

At point of registration, a nursing associate will have demonstrated that they meet the knowledge and skills included in the [Nursing and Midwifery Council 'Standards of proficiency' \(2018\)](#)

The standards include:

The six platforms:



Annexes:

Annexe A details the communication and relationship management skills expected of a nursing associate. **Annexe B** details the procedures to be undertaken by the nursing associate.

As with other professions, a registered nursing associate may undergo other specific training/education to meet professional development and/or needs of the service post-qualification.



This course has helped me massively. I'm now more part of the nursing team than I was before. As a registered nursing associate I now manage middle and top floor at night-time and the nurse takes lead of downstairs, I've noticed a change in that the care staff escalate to me and if needed I can escalate further. You learn a lot about yourself when you're doing the course, and afterwards, you're constantly reflecting.



Emily Gillott is a qualified nursing associate who registered with the NMC in January 2019.

Emily works in a care home that provides personal and nursing care for up to 60 elderly people, including care for people who have physical disabilities and dementia.

How does the nursing associate role fit in my organisation?

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.](#)



Scope of practice

In any setting, it's key that the employer, the wider workforce, and the individual nursing associate understand the scope of practice. This can be locally determined so long as attention has been paid to governance, policy, and protocols, and paying heed to the regulatory framework, ensuring the care being delivered is safe. A qualified and registered nursing associate is accountable for their own practice and should be enabled by their employer to undertake nursing activity that's suitable to their role, education and level of competence. A nursing associate is bound by the 'NMC code (2018)'.

It's this professional responsibility, via 'The code', that helps the individual NA to define their own

An employer also has to understand and pay attention to the regulatory framework (CQC) in particular:



Regulation 18: staffing

This regulation requires you to deploy a sufficient amount of suitably qualified, competent, skilled, and experienced staff to make sure that you can meet people's care and treatment needs and meet the other regulatory requirements.

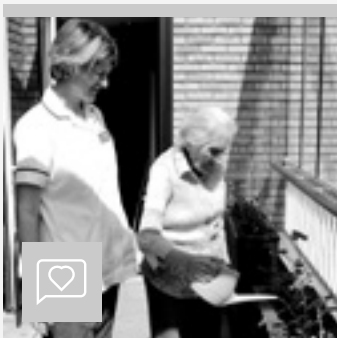
Here's the link to the regulation on the [CQC website](#)



Regulation 17: good governance

This regulation requires you to have systems and processes to ensure that you can meet all regulatory requirements. It includes assessing, monitoring, and mitigating any risks relating to the health, safety and welfare of people using services and others. Good governance also requires you to seek and act on feedback from people using the service, those acting on their behalf, staff, and other stakeholders, so that you can continually evaluate the service and drive improvement.

Here's the link to the regulation on the [CQC website](#)



Regulation 12: safe care and treatment

This regulation aims to prevent people from receiving unsafe care and treatment and prevent avoidable harm or the risk of harm. You must assess and mitigate the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills, and experience to keep people safe.

Here's the link to the regulation on the [CQC website](#)



Treatment of disease, disorder, or injury (TDDI)

This regulated activity must be carried out by, or under the supervision of, a healthcare professional (HCP) included on the TDDI list. At the time the NMC's register opened, nursing associates were not included on the TDDI HCP list.


Here's the link to the CQC guidance on regulated activities:
[The Scope of Regulation](#)

Can a nursing associate work in a service that's not registered for nursing care or TDDI?

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. A registered nursing associate can work in a service that's not registered for nursing care or TDDI, however, the employer will have to ensure that they're mindful of all of the regulatory and funding implications and in particular, how the nursing care that a registered nursing associate is delivering and monitoring is being overseen by a registered nurse.




CQC briefing (2019)' is clear:



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

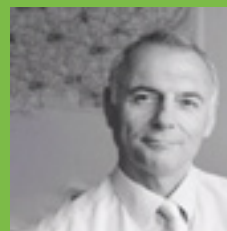
In these cases, TDDI applies to a registered provider in the same way as it applied before the nursing associate role was introduced. For example, where a provider registered to carry on TDDI employs a senior carer who completes some nursing-related tasks that they are competent to do under the supervision 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. 

You can read the full CQC briefing on nursing associates on the [CQC website](#).

 The programme to train and recruit nursing associates needs all our support across both health and social care if we are to continue to support increasing numbers of people with colleagues who have the necessary skills to undertake these important roles. 



Glen Garrod, Executive Director of Adult Care and Community Wellbeing and Past President of ADASS.

NMC advice, sought by Skills for Care at the end of 2019, is clear:

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.

In Lincolnshire we work in an integrated care system and the nursing associate programme is integral to how we provide that support for people both in the community and in our acute trusts. that people are getting the good quality care from the right people and the right trained workforce.... We're losing valuable carers to all sorts of different parts of the market and actually what we need to do is retain them. No better place to start than growing our own; the nursing associate programme is going to help us to do that.



Carolyn Nice, Assistant Director Adult Frailty and Long term Conditions, Lincolnshire County Council champions the programme.

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

How is the registered nursing associate role being implemented in different health and social care settings?

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)

Examples of how registered nursing associates are currently working

Registered nursing associate (RNA) as part of the nursing team in a care home with nursing:

Understand the support needs of people in long-term residential care and be able to evidentially balance risk to enable quality of life.

- Complete ongoing assessments and update care plans.
- Manage and administer medication.
- Support and supervise undergraduate nurses and nursing associates on placement.
- Work alongside support staff giving credibility to their input and balancing that with clinical knowledge.
- Take part in weekly multi-disciplinary team (MDT)/GP visits and facilitate requests for referrals to Speech and Language Therapy (SALT), Tissue Viability Specialist Nurse (TV), and other outside agencies.
- Provide more complex wound care, TNP and PICO dressings, compression bandaging once training and competency completed.
- Perform catheterisation.
- Support with end of life care.
- Perform and record clinical decisions with reference to the nurse when necessary.
- Complete mental capacity assessments and best interest decisions.
- Support the admission process.
- Deliver holistic, person centred care.
- Registered nursing associates and registered nurses working together promotes professional development.

Community district nursing team:

- 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 viability, dietician).
- Administer more complex wound care, TNP and PICO dressings, compression bandaging once training and competency completed.
- Supervising undergraduate nursing students.
- Line manage, support, and teach health care assistants.

Community mental health team:

- Be responsible for a caseload of patients as delegated by the registered nurse.
- Play an instrumental role in setting up physical health clinics in primary care for mental health patients.
- Assess patients holistically.
- Identify physical health problems that have impacted on decline in mental health.
- Administer medication.
- Support and supervise undergraduate students.
- Teach and support the support staff.

An independent, award winning social enterprise providing integrated health and social care services for people has amended the scheme of delegation for functions of the 'Mental health act (1983)'.

Opportunities for deployment of the role

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.

Feedback from family and residents:

"Family members asking when RNA is on shift and more than happy to speak with RNA for information about the resident"

".... residents have asked to speak to the RNA rather than the RN"

"Residents have supported RNAs to develop being excited that individuals have excelled and developed their careers"



Example of what to consider

1. Nottinghamshire nursing home

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.

The owner is currently writing a 'Standard operating procedure' that reflects the current regulatory guidance. Consultation with other providers and Skills for Care is ongoing.

Qualified registered nursing associate employed on shift in a care home with nursing with 'long arm' direction of registered nurse available.

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

Description

Nursing associate employed by a nursing home who employs registered nurses. Nursing associate is part of the nursing team and can work on a 'floor' or section under the direction of a registered nurse who is working on-site but may be in a different part of the building.

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.



Benefits:

- 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.



Governance (Regulation 17)

- 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 communications strategy so that if there is not a registered nurse on site, the nursing associate knows how to contact the registered nurse 24/7. This can be done with the use of technology.
- Communications strategy – external – to stakeholders and community.



Staffing (Regulation 18)

- Ensure enough appropriate staff are deployed to include assessment of acuity across the organisation - 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 fits their role and the environment they're working in.
- Appropriate clinical supervision should be accessible and available to nursing associates (see diagram 5).



Safe Care and treatment (Regulation 12, 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 isn't 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.

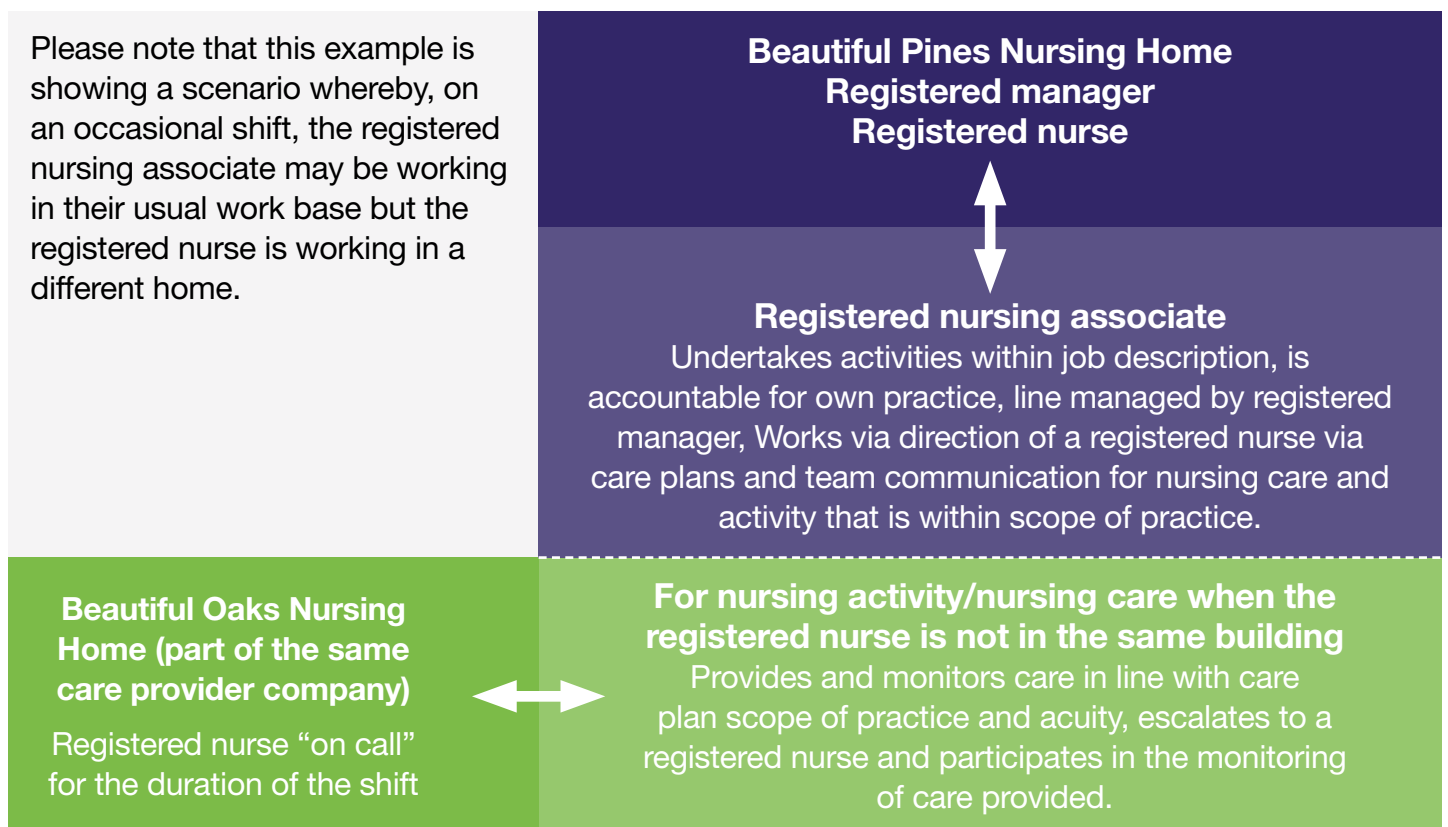
Directional control of nursing care

All assessments and plans of care are in place and have been undertaken by a registered nurse from the resident's 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. For any shift where there is not a registered nurse also on shift in the building, there will be a clear on call and escalation policy to a registered nurse from the organisation available by telephone and/or online support.

Diagram 1. Example: qualified registered nursing associate employed by care home with nursing – 'long arm direction on a shift'.

Beautiful Care Company Ltd. (all staff employed by the parent company).



Key:

- Line of reporting/responsibility for nursing activity when no registered nurse is in the building
- Line of reporting/responsibility as an employee

Example of what to consider

2. Barking and Dagenham residential care home

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.

Qualified registered nursing associate employed in a residential home

Service registration with CQC: The regulated activity involves providing residential accommodation with personal care.

Description

Nursing associate is employed by a care home specialising in elderly residential care supported through statutory routes of funding and self-funders.

Registered nurse from the community nursing service, nursing home or a GP practice nurse directs the nursing associate in all clinical nursing decision making duties and will complete relevant risk management of nursing care delivery. Care plans are held within the residential care home, accessible by nursing associate. A joint workforce plan and service level agreement is agreed between the providers. The plan deals with risks, indemnity etc. and proposes a joined-up approach to ensuring safe nursing services are always provided including agreement as to the type of nursing care that can be delivered by a nursing associate between the residential care home and the registered nurse's service/employer.

The registered nurse will lead and manage nursing care – conduct assessment, plan and evaluate care with input from nursing associate.

- Nursing associate to provide and monitor care, escalating concerns to registered nurse.
- Nursing associate to support and operationally supervise care workers including agreed delegation of tasks where appropriate and indicated in the plan of care.
- Nursing associate to take an active role in promotion of wellbeing, prevention, and early intervention.

Directional control of nursing care: The community nursing service, nursing home or GP practice which is registered with CQC to undertake activity included on the treatment related to disease, disorder or injury (TDDI) by healthcare professionals (on the list) is accountable for the directional control of nursing care.



Benefits:

- 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.



Governance (Regulation 17)

- 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 2 4/7 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).



Staffing (Regulation 18)

- 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 fits 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)



Safe Care and treatment (Regulation 12, TDDI)

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.

Directional control of nursing of care

A workforce plan and service level agreement has been agreed.

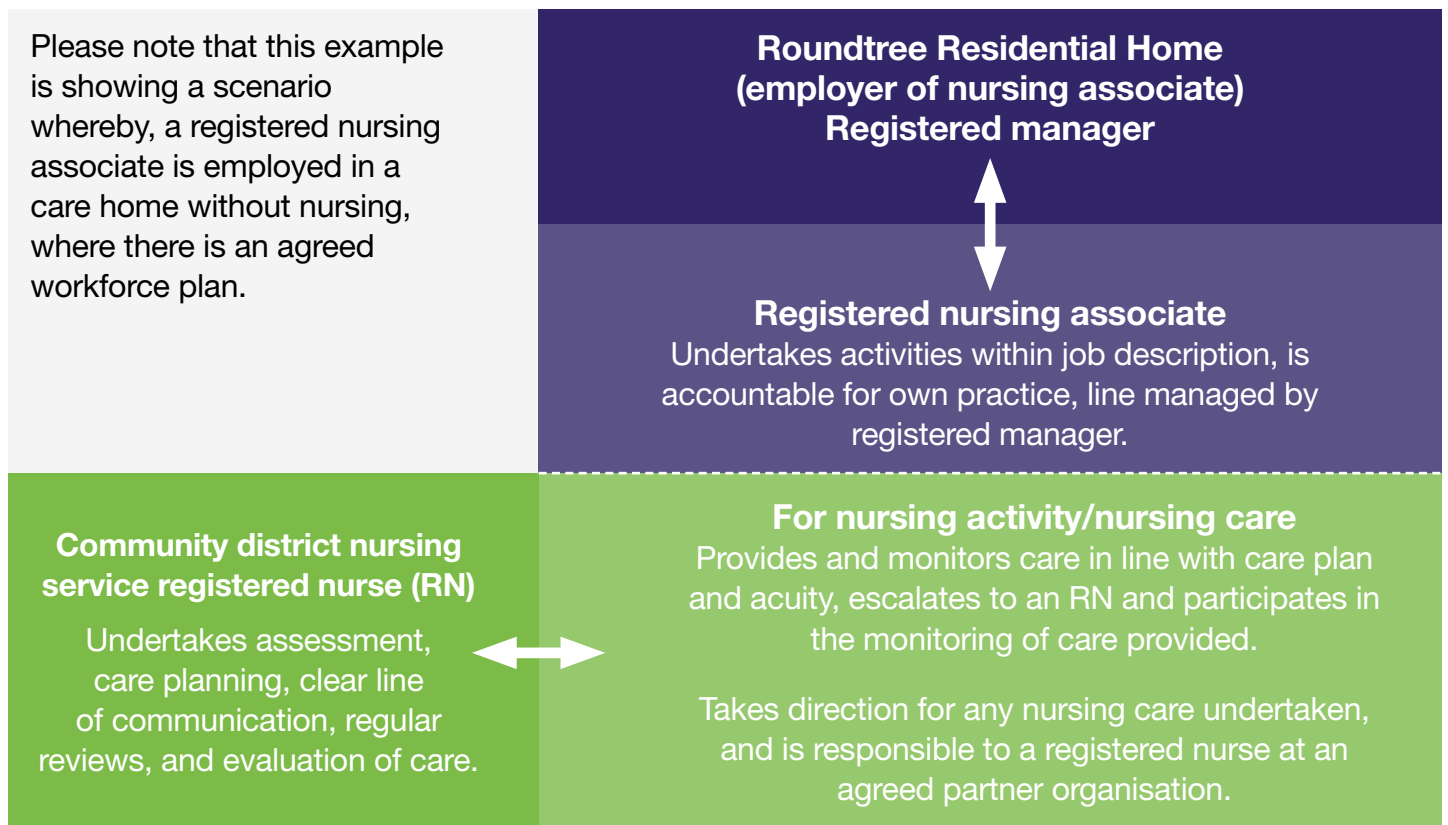
All assessments and plans of care are in place and have been undertaken by a registered nurse from the community nursing team, GP practice, or nursing home.

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.

Diagram 2. Example: qualified registered nursing associate employed in a residential home.

Roundtree Residential Home



Key:

- Line of reporting/responsibility for nursing activity
- Line of reporting/responsibility as an employee

Additional information on the role of the nursing associate

- [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.

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#WeAreSocialCareNurses



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