

# **RQIA Announced Inspections of Domiciliary Care Agencies**

**April 2010 – March 2011**

# Objectives

- Review key findings from 2009/10 inspections
- RQIA learning from 2009/10 inspection process
- Present 2010/11 inspection process
- Introduce the standards for 2010/11
- Provide guidance on completion of self-assessment
- Issue supporting materials

# RQIA inspections in 2009/10

## Standard 3

- Assessment information available to agencies before service starts is variable
- Poor levels of assessment information linked to hospital discharge
- Trust arrangements for providing information are inconsistent
- Supported living services generally have this information

# RQIA inspections in 2009/10

## Standard 11

- Concerning that some services are not compliant with legislation in recruitment practice
- References and identity checks specified in Regulation 13
- Centralised HR functions: are managers able to be certain about some checks?
- Some agencies have tightened recruitment processes

# RQIA inspections in 2009/10

## Standard 12

- NISCC Induction Standards: a useful tool, not universally adopted
- Content of training hard to verify
- Recording of training varies
- Impact of training on practice not well captured
- Relevant training areas generally covered

# RQIA inspections in 2009/10

## Standard 14

- Policies and procedures variable - more compliant for adult than child protection
- Staff training in child protection in early stages
- Trust responses to VA concerns vary in nature and speed of response
- Familiarity with new safeguarding arrangements - role of ISA, responsibilities related to ISA, NISCC

# RQIA inspections in 2009/10

## General points after first year of regulation

- Appointing a manager
- Using the Standards as a management tool
- Supported Living and the Domiciliary Care framework
- Showing how users are involved in review of operations
- Showing how processes affect user outcomes

# What did we learn?

## Self-assessment

- Providers engaged very positively with self-assessment process
- Some well-evidenced returns received
- Part of public documents - worth making sure that content, spelling and grammar is as you would want it to be seen

# What did we learn?

## User feedback

- Questionnaires return levels often low
- Misinterpretation of questions in varying settings
- Face-to-face in supported living gave better quality feedback
- 2010: RQIA developing a more face-to-face approach for user and carer comment
- Qualitative input needed

# What did we learn?

## Inspections

- Initial confusion around self-assessment issue
- RQIA administration of the process
- Use of Excel
- Value of questionnaires - turnaround time, selection of respondents
- Too little engagement with users
- Regulatory framework - use of Quality Improvement Plans etc.
- Inspectors' caseloads

# What did we learn about the process for 2010/11

- Changing methods for getting user feedback
- Better guidance for self-assessment
- Better guidance for RQIA staff
- Revised levels of achievement
- More stable Word version of workbook

# Processes for 2010/11 inspections

## 6 weeks before the Inspection

- Issue of self-assessment - email
- Team Admin contact
  - Approximate numbers of users and staff
- Survey questions linked to Standards
- Pre-paid sealed envelopes
  - Surveys and RQIA paid return envelopes
- Rapid issue essential

# Processes for 2010/11 inspections

## 2 weeks before inspection

- Return completed self-assessment
  - Comprehensive Guidance document
  - Rapid contact with RQIA Team if problems
  - Full agency self-assessment in report
  - Opportunity to demonstrate good practice
- Distribute surveys to service users and staff
  - Responses shown in report
  - Discussed on inspection
  - Opportunity for user satisfaction to be shown

# Processes for 2010/11 inspections

## During inspection

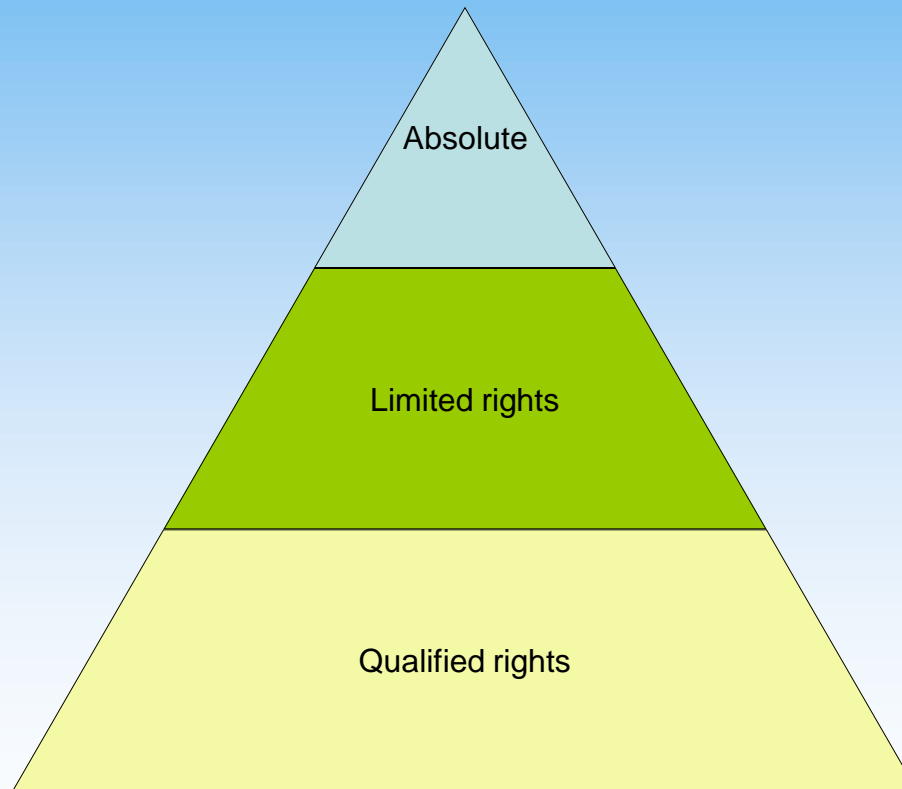
- Previous inspection outcomes
- 4 Standards
- Core criteria
  - Allowing more user engagement
  - When self-assessment and inspector's findings are consistent
  - If core criteria are not met – other criteria assessed
- Levels of Achievement
  - Link to requirements and recommendations

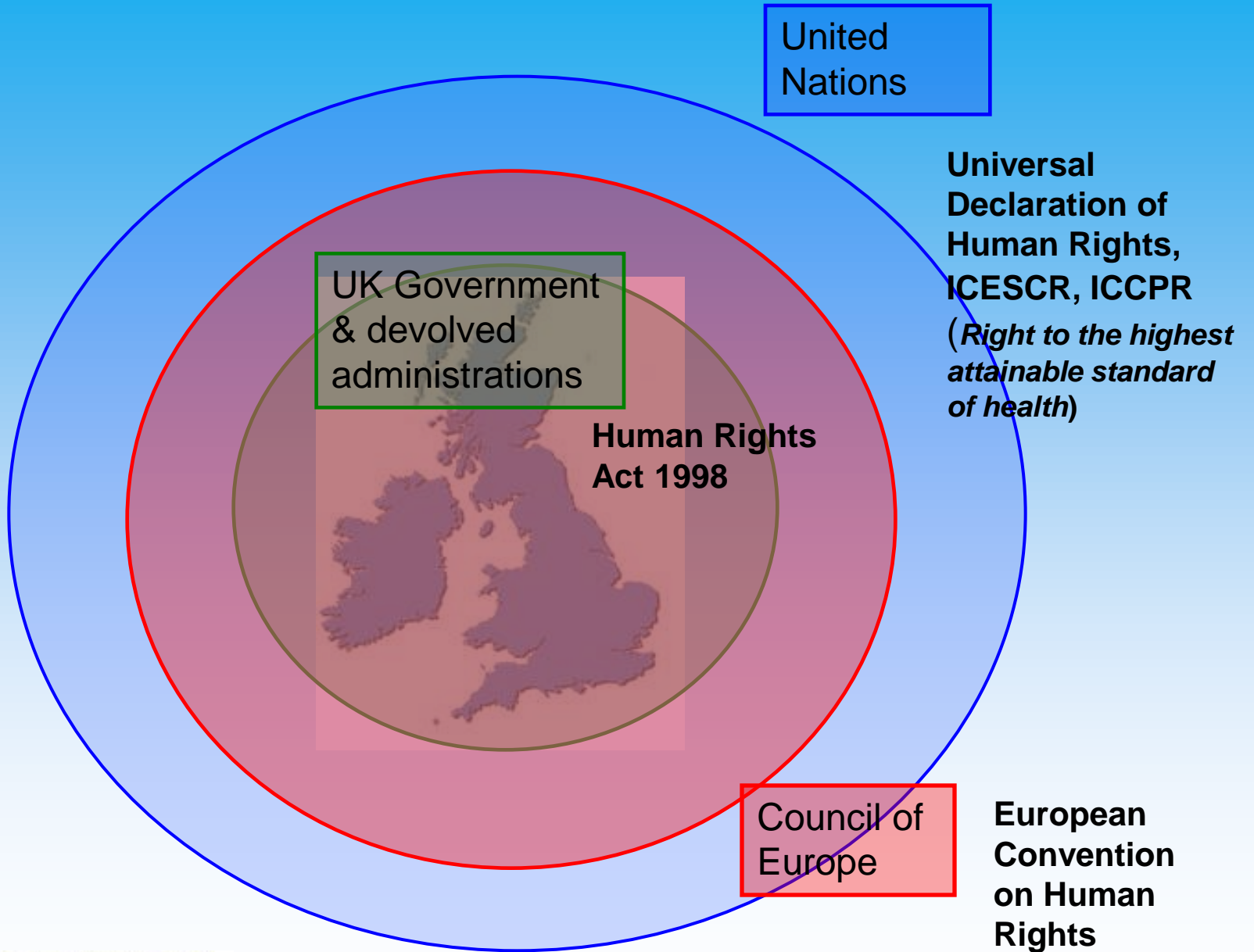
# Processes for 2010/11 inspections

## After inspection

- 28 days: draft report and QIP issued
- Further 28 days: provider returns QIP
  - Report is open after 28 days
  - RQIA website

# Human rights approach





# Standards for 2010/11

## Standard 8

Managements systems and arrangements are in place that support and promote and promote the delivery of quality care services.

- *Outcome focus: The service needs to show how service quality is supported by management arrangements*

# Standard 8

- Management structures
- Practice evidence of policies implemented
- How NISCC Employer and Employee codes are upheld
- Audit of practices – user involvement
- Incident reporting and learning
- Whistle-blowing

# Standards for 2010/11

## Standard 13

Staff are supervised and their performance appraised to promote the delivery of quality care and services.

- *Outcome focus: The service needs to show how service quality is supported by staff appraisal and supervision*

# Standard 13

- Staff and managers understand supervision and appraisal
- Clear supervision arrangements
- Links between practice quality and supervision
- Appraisal and job-related learning needs

# Standards for 2010/11

## Standard 15

All complaints are taken seriously and dealt with promptly and effectively.

- *Outcome focus: The service needs to show how complaints are welcomed and learning from complaints improves service quality*

# Standard 15

- Complaints arrangements comply with legislation and guidance
- Users and staff know how to make complaints
- Services show how they learn from complaints
- Management processes show commitment to timely resolution

# Standards for 2010/11

## Standard 16

The agency has systems that ensure safe and healthy working practices.

- *Outcome focus: The safety and well-being of service users and staff is reflected as a priority in operational arrangements*

# Standard 16

- Staff demonstrate understanding of safe working practices
- Training
- Manager familiar with guidance documents
- Risk assessment
- PPE usage
- Clarity about reusable medical devices

# Self-assessment example

*13.1: Managers and supervisory staff are trained in supervision and performance appraisal*

- Policy and procedure
- Manager and staff can describe processes
- Purpose shows link to monitoring and improving service quality
- Evident what training covered
- Arrangements reviewed regularly

# Levels of Achievement

Level of Achievement	Definition
<b>Not applicable</b>	The criterion is not applicable to this service setting.
<b>Unlikely to be achieved</b>	The criterion is unlikely to ever be achieved.
<b>Not achieved</b>	The criterion is unlikely to be achieved in full <b>prior to end of March 2011</b> . For example, the service has only started to develop a policy and implementation will not take place until after March 2011.
<b>Partially achieved</b>	Work has been progressing satisfactorily and the service is likely to have achieved the criterion <b>prior to end of March 2011</b> . For example, the service has developed a policy and will have completed implementation by end of March 2011.
<b>Substantially achieved</b>	A significant proportion of action has been completed to ensure the service performance is in line with the criterion. For example, a policy has been developed and implemented but a plan to ensure practice is fully embedded has not yet been put in place.
<b>Fully achieved</b>	Action has been completed that ensures the service performance is fully in line with the criterion. For example, a policy has been developed, implemented, monitored and an ongoing programme is in place to review its effectiveness.

# Maturity Matrix

Level of Maturity	Definition
<b>Aware</b>	The service is aware of the issues to be addressed but are unable to demonstrate decisions/actions to address them.
<b>Responding</b>	The service recognises the key issues and has identified options that are prioritised, although there is no evidence of strategic direction.
<b>Developing</b>	The service is taking steps to address the key issues through the development of strategic plans with evidence of good practice across the organisation.
<b>Practising</b>	The strategic agenda is being progressed and monitored by the service with significant evidence of continuous improvement across the organisation.
<b>Leading</b>	The service is leading the strategic agenda through the implementation of innovative practice that is shared across and beyond the organisation to others, enabling realisation of long term sustainability.

# Questions

Your questions about  
the standards for 2010/11

# Review of objectives

- Review key findings from 2009/10 inspections
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# Regulation and Quality Improvement Authority (RQIA)

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