

# RQIA Announced Inspection of Residential Care Homes

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 5 – Needs Assessment

- Link to care plan not always apparent
- Values and life history of resident not always evident
- Personal preferences not recorded
- Good evidence in some homes of comprehensive and holistic assessments

# RQIA inspections in 2009/10

## Standard 6 – Care Plan

- Risks not always highlighted
- Pictorial and graphics used in some cases
- Networking and sharing of good practice
- Not always signed or dated
- Person centred planning in place in some homes

# RQIA inspections in 2009/10

## Standard 11 – Care Review

- Patchy and in some areas inconsistent
- Did not always involve the resident
- Did not always link with the assessment and care plan
- Confusion over responsibility for setting review date and programme

# RQIA inspections in 2009/10

## Standard 19 – Recruitment of Staff

- Generally the standard was well met
- Greater understanding of the vetting process
- Participation of residents in process difficult to evidence

# RQIA inspections in 2009/10

## General points after first year

- Generally a positive response
- Focus of standards allowed demonstration of improvement
- Awareness of the focus of inspection at the start of the year was helpful
- Focussed approach produced new recommendations
- Working groups established – in homes – to address the standards

# 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 homes 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

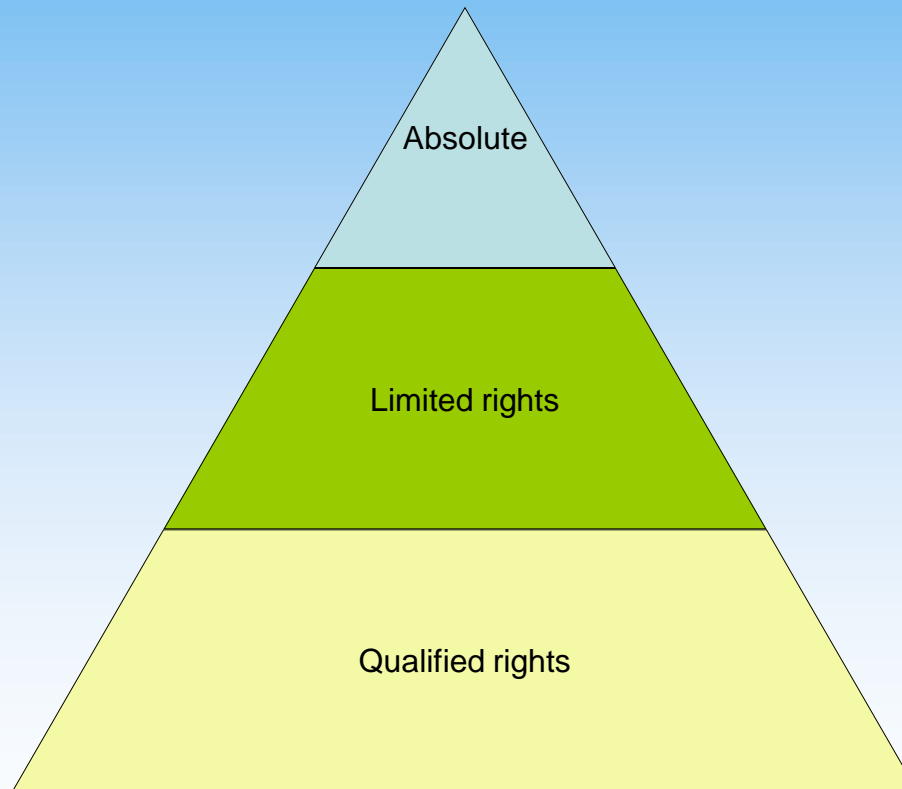
- Previous inspection outcomes
- 4 Standards
- Core criteria
  - Allowing more user engagement
  - When self-assessment and inspector's findings are consistent
  - If core criteria are not met – other criteria assessed
- Levels of Achievement
  - Link to requirements and recommendations

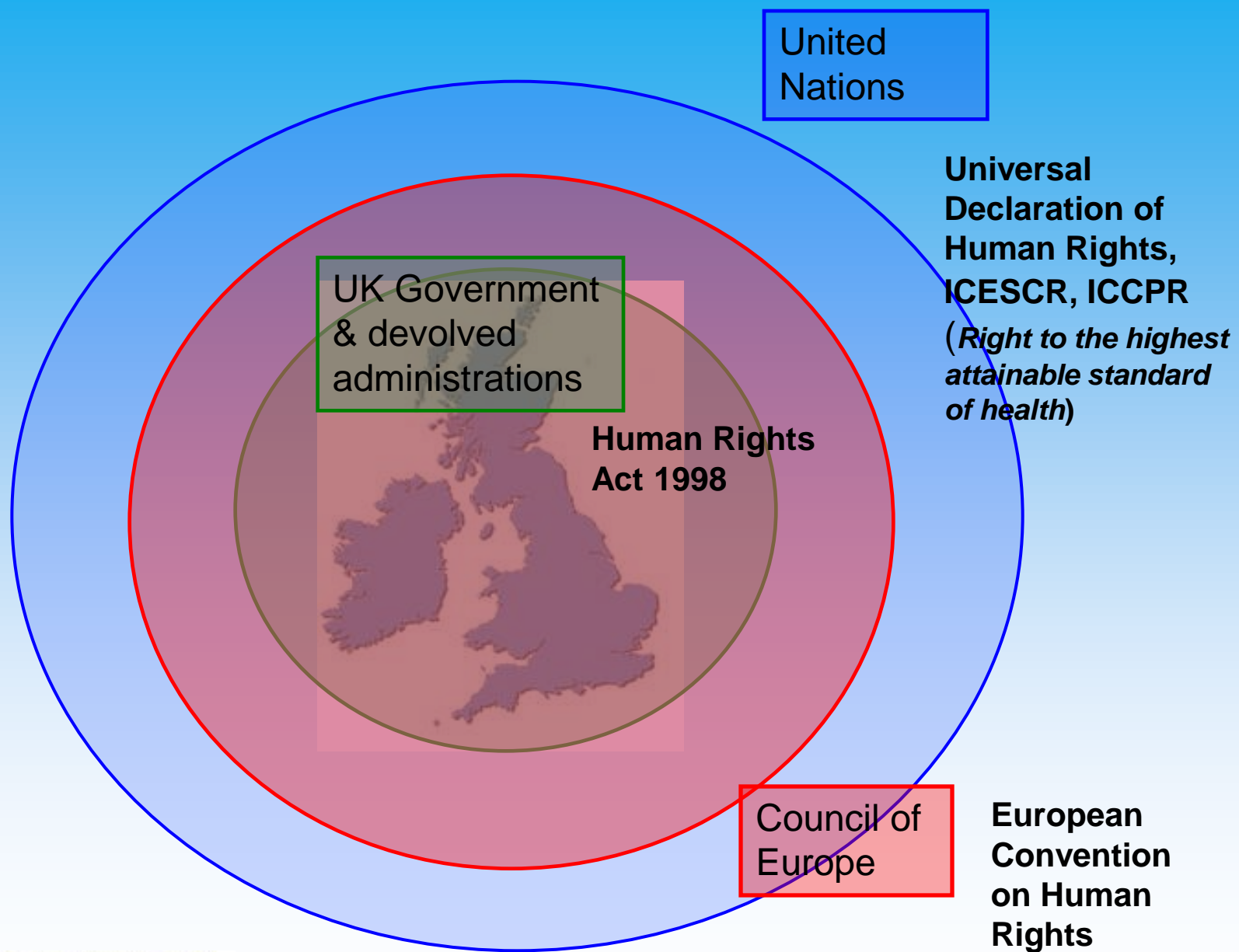
# Processes for 2010/11 inspections

## 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





United Nations

Universal Declaration of Human Rights, ICESCR, ICCPR  
*(Right to the highest attainable standard of health)*

UK Government & devolved administrations

Human Rights Act 1998

Council of Europe

European Convention on Human Rights

# Standards for 2010/11

## **Standard 10 – Responding to resident's behaviour**

*Outcome focus: The service needs to show how services support residents especially those with challenging or disturbed behaviours*

# Standard 10

- Care plans reflect the specific needs of residents
- Staff are aware of the normal patterns of resident's behaviour
- Specific behaviour management strategies are agreed and known
- Policy on the use of restraint

# Standards for 2010/11

## **Standard 13 – Programme of Activities and Events**

*Outcome focus: The service needs to show how the programme of activities and events reflects residents needs and wishes and how it enhances their quality of life*

# Standard 13

- Activities reflect the needs and aspirations of the residents
- Residents contribute to the programme
- Cultural and spiritual needs are considered
- Assistance is provided
- Records are kept and the programme is kept under review

# Standards for 2010/11

## **Standard 16 – Protection of vulnerable adults**

*Outcome focus: The service needs to show how it manages vulnerable adult issues and ensures, as far as possible, the safety of users*

# Standard 16

- Policy and procedures comply with regional guidance
- Staff are trained in awareness of and reporting suspected or alleged abuse
- Reporting arrangements are clear
- Update and refresher training is provided

# Standards for 2010/11

## Standard 17 - Complaints

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

# Standard 17

- 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

# Self-assessment example

*17.5: Staff know how to receive and deal initially with complaints.*

- Policy and procedure
- Manager and staff can describe processes
- This link to monitoring and improving service quality
- Evident what training covered
- Arrangements are reviewed regularly based on experience

# 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)