



The Regulation and
Quality Improvement
Authority

Staffing guidance for Residential Care Homes

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Staffing Guidelines for Residential Care Homes

The following staffing guidelines are the baseline staffing requirements for a residential care home setting. Managers must, in the interest and safety of residents, ensure that all the points that are set out in the document are taken into account when calculating staffing levels for individual settings. Proposed staffing levels should be agreed with the Regulation and Quality Improvement Authority prior to registration, at re-registration of the residential care home and at any other time as required. Staffing levels should be kept under continuous review.

1. Legislative requirements for staffing in residential care homes

Article 23 (2) (g) of The (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 indicates that regulations may make provision as to the numbers of persons, or persons of any particular type, working at an establishment or for the purposes of an agency.

Regulation 20 (1) (a) of The Residential Care Homes Regulations (Northern Ireland) 2005 states that: -

“The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents – ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.”

Contravention of this provision of the regulations shall be an offence under regulation 36 (1) of the Residential care Homes Regulations (Northern Ireland) 2005.

2. Staffing Guidelines

The following points must be considered when staffing levels are being determined:-

- the role of the registered manager
- the competencies and experience of staff
- the layout of the home and accessibility of facilities
- supervised practice and staff training
- staff workload
- categories of care
- the dependency levels of residents
- the ratio of staff to residents

2.1 The role of the registered manager

The registered manager should be given appropriate time to effectively perform management duties, taking into account the size of the home and any other local management arrangements. However, any direct care hours allocated to the registered manager should be agreed with the Regulation and Quality Improvement Authority and clearly indicated on duty rotas.

2.4 Competency and Experience of staff

The competency levels of all staff should be determined by the registered person. Regulation 21 (5) (b) of The Residential Care Homes Regulations (Northern Ireland) 2005 states that a person is not fit to work at a home unless: - *“He has the qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work.”*

2.5 Layout of the home, accessibility of facilities and safety of residents

The outcome of any risk assessment carried out by the registered manager in relation to the overall layout of the home, (e.g. number of floors and / or units within the home and the location of resident accommodation) should be considered when determining staffing levels. Consideration must also be given to the requirements of Health Technical Memorandum 84 risk assessment, and guidance/regulations from other agencies such as the Northern Ireland Fire and Rescue Service and The Northern Ireland Health and Safety Executive.

2.6 Supervised practice and staff training

The registered manager should ensure that there is adequate time allocated for the appropriate supervision of staff. Consideration must also be given to the time needed for staff to obtain training and/or further qualifications appropriate to the work they perform.

2.7 Staff workload

Staffing levels should reflect times, within the 24 hour period, in which workload is increased (e.g. mealtimes, provision of personal care etc.).

Staffing arrangements should be sufficient that sick leave, annual leave or any other special leave will be compensated for with no dilution of the required staff on duty. Consideration must be given to the impact that high staff turnover and reliance on agency staff has on the workload of regular staff. Staffing levels must be increased in instances where the provision of day care services leads to an increase in the workload.

2.8 Categories of care

The need for a flexible approach to staffing is recognised in relation to special client groups, to ensure that their particular needs are appropriately addressed within the overall philosophy of the care home. This will be reflected in the homes categories of care, examples of which are homes accommodating service users with Dementia, mental disorder excluding learning disability or dementia and learning disability.

Arrangements should be in place for ensuring that the changing needs of individual residents can be reflected in modification to the staffing levels within the home.

2.9 **Dependency of Residents**

The degree of overall resident dependency in each home will differ in relation to the assessed need of each individual.

The level of staffing required is relative to dependency of the residents.

2.9.1 Assessment of Need

Although there are a wide range of instruments available for assessing need in the various categories of care. For the purpose of determining staffing levels in homes for elderly persons, it is recommended that the 'Clifton Assessment Procedure for the Elderly' (CAPE) is used.

On the basis of that assumption, the following 'Minimum Staffing Level Grids' (A) and (B) have been designed.

Where CAPE is not used, managers should ensure that the assessment of need instrument they are using provides for comparable levels of staffing.

Minimum Staffing Level Grid A

Number of Residents	Management / Senior Staff	Hours Domestic Staff	Hours Catering Staff	Hours Clerical Staff
1	2			-
2	2			-
3	2			-
4	2	Staff may carry out mixed duties		-
5	2			-
6	2			-
7	2			-
8	2			-
9	2			-
10	2			-
11	2			-
12	2			-
13	2	49.4	32.5	-
14	2	52.8	35.0	-
15	2	56.6	37.5	-
16	2	60.4	40.0	-
17	2	64.2	42.5	-
18	2	68.0	45.0	-
19	2	71.8	47.5	-
20	4	75.6	50.0	9
21	4	79.4	52.5	9
22	4	83.2	55.0	9
23	4	87.0	57.5	9
24	4	90.8	60.0	9
25	4	94.6	62.5	9
26	4	98.4	65.0	9
27	4	102.2	67.5	9
28	4	105.0	70.0	9
29	4	108.8	72.5	9
30	4	112.6	75.0	18
31	4	116.4	77.5	18
32	4	120.2	80.0	18
33	4	124.0	82.5	18
34	4	127.8	85.0	18
35	4	131.6	87.5	18
36	4	135.4	90.0	18
37	4	139.2	92.5	18
38	4	142.0	95.0	18
39	4	145.8	97.5	18
40	4	149.6	100.0	18

Minimum Staffing Level Grid B

Number of Residents	Number of Caring Staff - CAPE Dependency Grades				
	A	B	C	D	E
1	1	1	1	1	1
2	1	1	1	1	2
3	1	1	1	2	3
4	1	1	2	2	4
5	1	2	2	3	5
6	2	2	2	3	6
7	2	2	3	4	7
8	2	2	3	4	8
9	2	3	3	5	9
10	2	3	4	5	10
11	3	3	4	6	11
12	3	3	4	6	12
13	3	4	5	7	13
14	3	4	5	7	14
15	3	4	5	8	15
16	4	4	6	8	16
17	4	5	6	9	17
18	4	5	6	9	18
19	4	5	7	10	19
20	4	5	7	10	20
21	5	6	7	11	21
22	5	6	8	11	22
23	5	6	8	12	23
24	5	6	8	12	24
25	5	7	9	13	25
26	6	7	9	13	26
27	6	7	9	14	27
28	6	7	10	14	28
29	6	8	10	15	29
30	6	8	10	15	30
31	7	8	11	16	31
32	7	8	11	16	32
33	7	9	11	17	33
34	7	9	12	17	34
35	7	9	12	18	35
36	8	9	12	18	36
37	8	10	13	19	37
38	8	10	13	19	38
39	8	10	13	20	39
40	8	10	14	20	40

2.10 Ratio of staff to residents

2.10.1 Staff Duty Rotas

The numbers of staff on duty at any time in the home is related to the:-

- level of residents' dependency
- time of day
- intensity of resident challenging behaviour
- any other factors of resident care or risk

2.10.2 Staffing levels during the day

Regardless of the level of occupancy, the manager should not regularly be working more than 50 hours per week, inclusive of day time on-call, and should not have any other paid occupation or be expected to run more than one home.

There must be a responsible person in charge of the home at all times who will have responsibility for all major aspects of the running of the home and the personal care of the residents.

Homes for up to 9 Residents

One person in charge and one member of staff.

Homes with 10 - 16 Residents

One person in charge and two or three care staff.

Homes with 17 - 30 Residents

One person in charge and two to three care staff.

Homes with 31 - 40 Residents

One person in charge and three to four care staff.

Homes with 41 - 50 Residents

One person in charge and four to five care staff.

Homes with 51 - 60 Residents

One person in charge and five to six care staff.

2.10.3 Staffing during the night (High Dependency Levels)

Residents with a high dependency level can require a great deal of attention at night. The level of staff cover should be adequate in terms of numbers and experience to cope with demands that can be anticipated in the normal running of the home.

The Regulation and Quality Improvement Authority will pay particular attention to the layout of the premises and dependency levels of the residents, when agreeing levels of night care cover. The following minimum levels of night staff cover are recommended.

Homes with up to 9 Residents

At least one member of staff should be available on the premises throughout the night.

Homes with 10 - 16 Residents

One member of staff on waking duty throughout the night, with another member of staff on call in the home.

Homes with 17 - 30 Residents

Two members of staff on waking duty throughout the night and one other on call or immediately available.

Homes with 31 - 45 Residents

Two to three members of staff on waking duty throughout the night and one other on call in the home or immediately available.

Homes with 46 - 60 Residents

Three to four members of staff on waking duty throughout the night and one other on call in the home or immediately available.

2.10.4 Staffing during the night (Low Dependency Levels)

The focus of the home's care regime is on maintaining or developing individual residents' autonomy. Where the assessment of needs of the resident shows a low dependency, specific night staffing levels require a flexible approach consistent with maintaining the oversight of the home. Back up systems should be identified in case of crisis.

Any proposal for reduced staffing levels at night should be balanced against ensuring adequate external and internal security, fire precautions or evacuation, available call and alarm systems, and any specific Health and Safety regulations.

References

1. Registration and Inspection Units (1998) Staffing Guidelines.
2. Residential Forum (2003) Care staffing in care Homes for older people.
3. Staffing in Residential Care homes (1990) Wagner Development Group
NISW