RQIA Provider Guidance 2018-19

Adult Residential Care Homes

Assurance, Challenge and Improvement in Health and Social Care

What we do

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care (HSC) services. We were established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

Through our programme of work we provide assurance about the quality of care; challenge poor practice; promote improvement; safeguard the rights of service users; and inform the public through the publication of our reports. RQIA has three main areas of work:

- We register and inspect a wide range of independent and statutory health and social care services.
- We work to assure the quality of services provided by the HSC Board, HSC trusts and agencies - through our programme of reviews.
- We undertake a range of responsibilities for people with mental ill health and those with a learning disability.

We inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

RQIA registers and inspects a wide range of health and social care services. These include: nursing, residential care, and children's homes; domiciliary care agencies; day care settings/centres; independent health care; nursing agencies; independent medical agencies; residential family centres; adult placement agencies; voluntary adoption agencies, school boarding departments and young adult supported accommodation (inspected only).

The four domains

Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

Is care effective?

The right care, at the right time in the right place with the best outcome.

Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and the experiences of service users in order to deliver safe, effective and compassionate care.

Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

How we will inspect

We will inspect every adult residential care home at least twice every year. Our inspectors are most likely to carry out unannounced inspections, however from time to time we need to give some notice of our inspections.

During our inspections we will inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

When we inspect an adult residential care home, we aim to:

- seek the views of the people who use the service, and/or their representatives
- talk to the managerial and other staff on the day of the inspection
- examine a range of records including policies, care records, incidents and complaints
- provide feedback on the day of the inspection to the manager on the outcome of the inspection; and
- provide a report of our inspection findings and outline any areas for quality improvement where failings in compliance with regulations and/or standards are identified.

Our inspections are underpinned by:

- The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- DHSSPS Residential Care Homes Minimum Standards, August 2011

What we look for when we inspect

To help us to report on whether the care is safe, effective and compassionate and whether the service is well led, we will look for evidence against the following indicators. The evidence listed for each indicator provides examples of what may be reviewed and should not be considered exhaustive.

Is care safe?
Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

Indicator S1
There are, at all times, suitably qualified, competent and experienced persons working in the service in such numbers as are appropriate for the health and welfare of service users.

Examples of evidence:

Staffing
- At all times, sufficiently qualified, competent and experienced persons are working in the home to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose.
- Staff employed on a temporary basis in the home, will not prevent service users from receiving continuity of care to meet their assessed needs.
- Turnover of staff is monitored by the management of the home and where possible kept to minimum.
- Duty rotas accurately reflect the staff on duty, including their names and grades and who is in charge of the home.
- An induction programme is in place for all grades of staff within the home appropriate to specific job roles including agency staff.
- Staff receive supervision and annual appraisal; with records retained.
- Staff receive mandatory training and other appropriate training to enable them to fulfil their roles and responsibilities.
- Competency and capability assessments are undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager and records retained.
- Arrangements are place to monitor the registration status of staff with their professional body (where applicable) e.g. Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC).
- Discussion with service users and/or their representatives and staff regarding staffing levels.

Recruitment and selection
- Staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and records are retained and available for inspection within the staff files.
- A record is retained of each person working in the home in accordance with Regulation 19 (2), Schedule 4 of the Residential Care Homes Regulations (Northern Ireland) 2005.
- AccessNI enhanced disclosures are sought and viewed for all staff prior to commencing employment.
- AccessNI enhanced information is managed in line with best practice guidance and a record retained of the date the disclosure was applied for, date received, the certificate number and the action taken on the basis of the information provided.
- The recruitment and selection policy and procedure complies with current legislation and best practice.

Indicator S2

The service promotes and makes proper provision for the welfare, care and protection of service users.

Examples of evidence:

Safeguarding
- Policies and procedures are in line with the regional 'Adult Safeguarding Prevention and Protection in Partnership' policy (July 2015) and Adult Safeguarding Operational Procedures (2016), Co-operating to Safeguard Children and Young People in Northern Ireland, 2016 and Area Child Protection Committees' Regional Policy and Procedures, 2005.
- An Adult Safeguarding Champion (ASC) is identified and in place.
- Information for the Adult Safeguarding Champion's annual position report is being collated from 1 April 2018 for completion in April 2019.
- The regional operational safeguarding policy and operational procedures are embedded into practice.
- Staff are knowledgeable about safeguarding and are aware of their obligations in relation to raising concerns about poor practice.
- Safeguarding training is provided during induction and updated as necessary.
- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records must be retained.
- Where shortcomings are highlighted as a result of an investigation, additional identified safeguards are put in place.

Indicator S3

There are systems in place to ensure that unnecessary risks to the health, welfare or safety of service users are identified, managed and where possible eliminated.

Examples of evidence

Infection prevention and control (IPC)
- The home is clean and tidy.
- Policies and procedures are in line with regional IPC guidelines.
- All staff have received training in IPC in line with their roles and responsibilities.
- Staff are knowledgeable and have understanding of IPC policies and procedures.
- Hand hygiene is a priority for the home and every effort applied to promoting high standards of hand hygiene among service users, staff and visitors.
- Personal Protective Equipment (PPE) is available throughout the home.
- There are wash hand basins, supplies of liquid soap, alcohol hand gels and disposable towels wherever care is delivered.
- Arrangements are in place to decontaminate equipment and medical devices between use.
- Outbreaks of infection are managed in accordance with the home's procedures, reported to the Public Health Agency (PHA), the trust and to RQIA and records kept.
- There is information available on IPC for service users, their representatives and staff.
- Compliance with IPC is monitored and where necessary deficits are identified and addressed.

Management of risk
- The home is able to meet the assessed needs of the service user.
- Risk management procedures are in place.
- Service user risk assessments, based on assessed needs, are undertaken, reviewed and updated on a regular basis or as changes occur.
- Equipment and medical devices are available well maintained and regularly serviced.
- Lifting equipment is maintained in line with Lifting Operations and Lifting Equipment Regulations (LOLER).
- Restrictive practice is appropriately minimised, assessed, documented and reviewed with the involvement of the service user, their representatives and the multi-professional team, as required.
- Records of the decision making process in relation to restrictive practice is maintained.

Falls
- Falls are documented and managed in line with locally agreed protocols.
- Staff are knowledgeable regarding falls prevention practice.
- "Falls Prevention Toolkit" or similar is available and used by staff in the home.
- Falls are monitored and analysed to identify themes and trends on a regular basis.
- Action plans are developed in relation to falls prevention.

Indicator S4
The premises and grounds are safe, well maintained and suitable for their stated purpose.

Examples of evidence

Environment
- The home is fit for purpose and well maintained internally and externally.
- The grounds are kept tidy, safe, suitable for and accessible to all service users.
- There are no obvious hazards to the health and safety of service users, visitors or staff, including those with sensory impairments.
- Action plans are in place to reduce the risk of hazards within the environment, where possible
- The home has an up to date fire risk assessment in place and any recommendations made by the fire risk assessor are being appropriately actioned in a timely manner.
- Adequate precautions are in place against the risk of fire, including the provision of suitable fire-fighting equipment, fire alarm systems, means of escape, staff training and fire drills.
- Arrangements are in place to maintain the environment, e.g. servicing of lifts, boilers, electrical equipment, legionella risk assessment.
- There are no malodours detectable within the home or malodours are being managed appropriately.

Is care effective?
The right care, at the right time in the right place with the best outcome.

Indicator E1
The service responds appropriately to and meets the assessed needs of the people who use the service.

Examples of evidence

Records management
- Care records are maintained in line with the legislation and best practice guidance. They include up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the service users.
- Individual assessments and care plans are in place for each service user that reflect their physical, social, emotional, psychological and spiritual needs.
- Care records are updated regularly or as changes occur to reflect the changing needs of the service user.
- Service users and/or their representatives are encouraged and enabled to be involved in the assessment and care planning process.
- Service users are supported to have their assessed needs, preferences and choice met by staff with the necessary skill and knowledge; person centred care is promoted.
- Records are stored safely and securely in line with current best practice guidance and legislation.
- A records management policy is in place which includes the arrangements for the creation, storage, maintenance and disposal of records in line with the legislation and best practice.
- There is multi-professional input into the service users' health and social care needs.
- Each service user or their representative is provided with an individual written agreement that sets out their terms of residency.

Nutrition
- A nutritious and varied diet is provided which meets the individual and recorded dietary needs and preferences of service users.
- Service users' weights are regularly recorded and changes in weight are responded to appropriately.
- Staff are aware of any matters concerning eating and drinking as detailed in service users' individual care plans.
- There are arrangements in place to refer service users to dieticians and speech and language therapists; a record is retained of the action taken.
- Full account is taken of relevant guidance documents or guidance provided by professionals and disciplines.
- Guidance provided by professionals is reflected within the individual service user care plans and risk assessments.

Wound care and pressure area care
- Staff recognise pressure damage/wounds to skin and appropriate referrals are made to the multi-professional team.
- Wound management is referred to and managed by community nursing services.
- Service user wound pain is appropriately managed.

Indicator E2
There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Examples of evidence

Audits and review
- Care records are reviewed and updated on a regular basis or as changes occur.
- Where no recordable events occur, there is an entry at least weekly for each service user in the care records.
- There are arrangements in place to facilitate ongoing and meaningful audit programmes.
- A range of audits is undertaken and actions identified for improvement are implemented into practice.

Indicator E3
There are robust systems in place to promote effective communication between service users, staff and other key stakeholders.

Examples of evidence

Communication
- Systems are in place to review the service user's placement within the home and ensure that it is appropriate to meet their health and social care needs.
- There are arrangements in place to facilitate multi-professional team reviews.
- Staff are able to communicate effectively with service users and other key stakeholders commensurate with their roles and responsibilities.
- Referrals to other healthcare professionals is timely and responsive to the needs of the service user.
- Shift handovers are provided and attended by all care staff.
- Staff meetings are undertaken at least quarterly with minutes and attendance recorded.
- Service user and/or their representative meetings are undertaken with minutes and attendance recorded.
- Systems are in place for referral to multi-professional teams such as speech and language, occupational therapy, dieticians, district nurses and podiatry.
- Recommendations made by the multi-professional team in relation to specific care and treatment are clearly and effectively communicated to staff.
- There is an open and transparent culture within the home.
- Consent is sought in relation to the provision of care and treatment.
- Arrangements are in place, in line with the legislation to support and advocate for service users who have issues with mental capacity/communication.

Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Indicator C1
There is a culture/ethos that supports the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

Examples of evidence

Culture/ethos
- There are policies and procedures within the home that promote the rights of service users and promote the values of dignity and respect, independence, rights, equality and diversity, choice and consent.
- Staff can demonstrate how confidentiality is maintained.
- Staff can demonstrate how consent is obtained.
- Discussion with service users and/or their representatives, staff and observation of interactions demonstrates that service users are treated with dignity and respect while promoting and maintaining their independence.
- The spiritual and cultural needs of service users are met.
- Service users are enabled and supported to engage and participate in meaningful activities, social events, work and education opportunities, hobbies and interests.
- Service user wishes in relation to their end of life care are clearly recorded, communicated and kept under review.

Indicator C2
Service users are listened to, valued and communicated with, in an appropriate manner.

Examples of evidence

Communication
- Service user needs are recognised and responded to in a prompt and courteous manner by staff.
- Service users and/or their representatives confirm that their views and opinions are taken into account in all matters affecting them.
- Service users are provided with information, in a format that they can understand, which enables them to make informed decisions regarding their life, care and treatment.
- Arrangements are in place for service users to maintain links with their friends, families and wider community.
- Action is taken to manage pain and discomfort in a timely and appropriate manner.

Indicator C3
There are systems in place to ensure that the views and opinions of service users, and or their representatives, are sought and taken into account in all matters affecting them.

Examples of evidence

Service user views
- Service user consultation about the standard and quality of the care and environment is carried out at least on an annual basis (annual quality review).
- The findings from the consultation are collated into a summary report.
- The summary report is made available for service users and other interested parties to read.
- An action plan is developed and implemented where improvements are required.
- RQIA's service user, service user's representatives', other professionals and staff questionnaire responses evidence compassionate care is delivered.

Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and the experiences of service users in order to deliver safe, effective and compassionate care.

Indicator L1
There are management and governance systems in place to meet the needs of service users.

Examples of evidence

Governance arrangements
- The registered person/s ensure that the health and social care needs of service users are met on a daily basis in accordance with the Statement of Purpose, legislation and best practice guidance.
- The role and responsibilities of the registered persons is clearly defined.
- Visits by the registered provider, in line with Regulation 29, shall produce reports of sufficient detail to provide assurance regarding the conduct of the home, the management and governance arrangements.
- There is a range of policies and procedures in place to guide and inform staff.
- Policies are centrally indexed and retained in a manner which is easily accessible by staff.
- Policies and procedures are systematically reviewed every three years or more frequently if changes occur.
- Arrangements are in place to review risk assessments.
- The registered person/s responds to the changing needs of service users and adapt accordingly e.g. staffing levels and training needs.

Complaints/compliments
- The home has a complaints policy and procedure in place in accordance with the relevant legislation and Department of Health guidance on complaints handling.
- Service users or their representatives are signposted as to how to make a complaint.
- There are clear arrangements for the management of complaints from service users and any other interested parties.
- Records are kept of all complaints and these include details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.
- A record is retained if the complainant is satisfied or unsatisfied with the outcome of the complaints process.
- The complaints procedure contains details of the onward referral route for stage two complaints if local resolution is not achieved.
- Information from complaints and compliments is disseminated to staff and relevant others and used to drive forward a quality agenda.
- Staff know how to receive and deal with complaints.
- Arrangements are in place to audit complaints to identify trends and enhance service provision.
- The home retains compliments received e.g. thank you letters and cards.
- There is evidence that RQIA's complaints poster and leaflets are displayed/available.

Accidents/incidents/notifiable events
- The home has an accident/incident/notifiable events policy and procedure in place which includes reporting arrangements to RQIA.
- Accidents/incidents/notifiable events are effectively documented and investigated in line with legislation and minimum standards.
- All relevant incidents/notifiable events are reported to RQIA and other relevant organisations in accordance with the legislation and procedures.
- Arrangements are in place to audit accidents/incidents/notifiable events to identify trends and areas for improvement.
- Learning from incidents is disseminated to all relevant parties and action plans developed to promote safety in an open and transparent culture and drive forward a quality agenda.

Equality of opportunity for service users
- The home is aware of equality legislation, recognises and responds to the diverse needs of service users.
- The home collects equality data in relation to service users in line with the equality legislation.
- The service monitors and manages equality of opportunity issues raised by service users and/or their representatives as required.

Indicator L2
There are management and governance systems in place that drive quality improvement.

Examples of evidence

Quality improvement
- There is evidence of a systematic approach to the review of available data and information, in order to make changes that improve quality, and add benefit to the organisation and service users.
- Systems are in place to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts are appropriately reviewed and actioned as required.
- A record is retained of any action taken in relation to the management of alerts.
- Audits of accidents/incidents and notifiable events are undertaken to establish trends and identify learning outcomes which are disseminated throughout the organisation.
- A monthly monitoring visit is undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report is produced and is made available for service users, their representatives, staff, RQIA and other interested parties.

Indicator L3
There is a clear organisational structure and all staff are aware of their roles, responsibility and accountability within the overall structure.

Examples of evidence

Organisational structure
- There is a defined organisational and management structure that identifies the lines of responsibility and accountability.
- Any changes in the management structure of the home or registered persons will be managed to minimise adverse effects on the service and service users.
- Staff are aware of their roles, responsibilities and actions to be taken should they have a concern.
- The registered person/s have understanding of their roles and responsibilities under the legislation.
- Service users are informed of the roles of staff within the home and who to speak with if they want advice or have any issues or concerns.
- The registered provider is kept informed regarding the day to day running of the home.

Indicator L4
The registered person/s operates the service in accordance with the regulatory framework.

Examples of evidence

Regulatory framework
- The Statement of Purpose and Resident's Guide are kept up to date and revised when necessary.
- Appropriate insurance arrangements are in place and include public and employers liability (employers liability insurance certificate must be displayed).
- The registered person/s responds to regulatory matters (e.g. notifications, reports/QIPs, enforcement) in a timely manner.
- The home is registered with RQIA.
- The registered person/s are knowledgeable of the registered categories of care of the home and ensure that they are operating within the regulatory framework.
- RQIA certificate of registration is displayed in a conspicuous place within the home and is reflective of service provision.

Indicator L5
There are effective working relationships with internal and external stakeholders.

Examples of evidence

Working relationships
- There is a whistleblowing policy and procedure in place and staff are knowledgeable regarding this.
- Arrangements are in place for staff to access their line manager.
- There are arrangements in place to support staff (e.g. staff meetings, supervision and appraisal).
- Discussion with staff confirms that there are good working relationships and that management is responsive to suggestions and/or concerns raised.
- The manager's hours of work and the capacity in which they were working is clearly recorded on the duty rota.
- Arrangements are in place for dealing with professional alert letters, managing identified lack of competency and poor performance for all staff.
- There are open and transparent methods of working and effective working relationships with internal and external stakeholders.
- Engagement with internal and external stakeholders is used to drive and assure quality improvement.

Inspection reports

Our inspection reports will reflect the findings from the inspection. Where it is appropriate, a Quality Improvement Plan (QIP) will detail those areas requiring improvement to ensure the service is compliant with the relevant regulations and standards. Where either no requirements or recommendations result from the inspection this will be reflected in the report.

It should be noted that inspection reports should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in a service. The findings reported on are those which came to the attention of RQIA during the course of the inspection. The findings contained within inspection reports do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

Once the inspection report is finalised and agreed as factually accurate, it will be made public on RQIA's website.

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