



# RQIA Provider Guidance 2017-18

## Residential Family Centres

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

# 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



# How We Will Inspect

We will inspect every residential family centre at least annually. Our inspectors are most likely to carry out an announced inspection, however from time to time we may carry out an unannounced inspection.

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 a family centre we aim to:

- Seek the views of the children and families who use the service, or their representatives
- Talk to the management and other staff on the day of the inspection
- Examine a range of records including care records, incidents, complaints and policies
- 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 Family Centres Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Family Centres Minimum Standards (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

- There is an induction programme in place appropriate to the role
- A system is in place to ensure staff receive annual appraisals and records are retained
- Regular supervision is in place for all staff including ancillary and support staff and students. This includes monitoring of adherence to professional codes of practice
- An annual training programme is in operation which includes safeguarding and other core practice issues such as child sexual exploitation
- Staff have the requisite skills and experience and qualities to undertake their duties
- Staff are able to meet the needs of children with disabilities and/or complex needs
- There are always sufficient numbers of staff available to meet the needs of young people in the centre
- There is a record of rota's in place which confirms that sufficient staff are on duty
- Staff demonstrate compliance with professional codes of practice and post training requirements

#### Recruitment and Selection

- There is a written policy and procedure for staff recruitment
- Enhanced Access NI checks are received prior to new staff commencing work

**Indicator S2**

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

**Examples of Evidence****Safeguarding**

- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the appropriate agencies for investigation in accordance with written policies and procedures and records of action and outcomes are maintained
- Co-operating to Safeguard Children and Young People in Northern Ireland, 2016 and Area Child Protection Committees' Regional Policy and Procedures, 2005 are available at the project
- There is a child protection policy and safeguarding statement to meet the needs of the centre.
- Safeguarding issues are addressed and recorded as a key component of supervision
- There is a strategy in place for the prevention of bullying and written policies and procedures for countering any incidents of bullying as they occur
- There are written policies and procedures in place in respect of allegations of misconduct, incidents, whistle blowing and the reporting and management of serious adverse incidents. These policies are included in the induction/training manual for staff. There is a record of staff attendance at mandatory safeguarding training
- Investigations into allegations or suspicions of harm are handled fairly, consistently and quickly in a way which safeguards children and young people and the person making the allegation whilst the same time appropriately supporting the staff member who is the subject of the allegation
- Written records are created and available in respect of any investigation including outcomes and subsequent action taken by staff. A register of all untoward incidents and associated action plans is maintained at the centre. There is evidence of joint working with PSNI and relevant agencies to underpin the safety and welfare of children and families

**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**

- There is an awareness of DHSSPS standards, initiatives and guidance on promoting the health of families including physical, mental and emotional health needs as well as general well-being and lifestyle
- Risk assessments and support plans are completed and regularly reviewed in co-operation with the families
- Intervention and support is sought from a range of multi-disciplinary agencies to help the family in a planned way
- Team meetings clearly evidence discussions about risk assessments and strategies to support vulnerable families and children
- There is an annual quality review report

**Indicator S4**

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

**Examples of Evidence****Environment**

- The centre is clean, clutter free, warm and pleasant
- The premises and grounds are well maintained, suitable and accessible to families
- There is information, training, support and monitoring of staff in respect of the environment for example fire safety, relevant risk assessments are in place and action is taken to manage risks
- There are arrangements in place in relation to maintaining the environment (e.g. servicing of lift/gas/boiler/fire detection systems/fire-fighting equipment, fixed electrical wiring installation, legionella risk assessment)

# 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

- An up to date case file is maintained for each family accommodated in the centre. This is comprehensive and includes information about the families background, adverse experiences and a clear plan to respond to need
- There is evidence of the trust and the centre working in a co-operative and collaborative manner
- Care planning and care records are available as appropriate
- There are systems in place to ensure the transfer of information to the centre in a timely manner to assist the staff prepare to receive families
- Recordings are in line with professional Codes of Practice

## 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

- There are support and review meetings held at the centre including looked after child (LAC) review meetings. These are held within timescales to agree plans, to evaluate outcomes and plot future progress
- Evidence is available that there is appropriate monitoring of the delivery of quality care services, adherence to standards and promotion of improved outcomes for families. The registered person completes a monthly monitoring report which is available for inspection.
- Staff members have been trained in how to understand and respond to families who have experienced multiple adversities
- The centre has in place effective governance arrangements which assure that monitoring and review mechanisms are in place. There is evidence of action being taken in response to identified issues or unmet need

## Indicator E3

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

### Examples of Evidence

- There is an open and transparent culture that facilitates the sharing of information
- There are effective communication systems and processes between the centre and families
- Families are aware of who to contact in the centre if they want advice or have any issues or concerns
- Records are kept on each families progress and the work undertaken with them by staff
- Staff meetings are held on a regular basis and minutes are retained
- Staff can communicate effectively with families, HSC trusts and other key stakeholders
- Learning from complaints, incidents and near misses is effectively disseminated to staff



# 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**

- Discussion with staff and observation of interactions demonstrate children and families are treated with dignity and respect
- The centre promotes and respects privacy of families and manages information confidentially
- There are arrangements in place to assist young people with a disability or who require extra support
- The records evidence that young people's rights are upheld and staff operate from a clear professional value base
- There is evidence of staff training/awareness of a rights based approach to care delivery
- Staff are able to provide examples of making positive relationships with families

## **Indicator C2**

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

### **Examples of Evidence**

- Families and children feel they are valued and their views have been taken into account and used to inform decisions
- The centre has a written policy detailing the arrangements for obtaining the views of families in the decision making process about their care plans and review arrangements
- Where young people have specialist communication requirements and need assistance to communicate this is assessed and facilitated
- There are meaningful feedback mechanisms in place that lead to action by staff to address informal concerns and grievances
- There are arrangements for providing information in alternative formats/interpreter services, if applicable

## **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**

- RQIA questionnaires for young people and staff support the view that care is compassionate in the centre
- Families and children are actively supported to participate and be involved in planning their lives
- Families and children are encouraged to approach any member of staff with their personal concerns, needs and wishes on an informal basis

# 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 provider monitors the quality of services and there are arrangements in place to audit and review the quality of care
- There are clearly identified lines of professional and corporate accountability
- There are effective systems to discharge, monitor and report on service delivery and the quality of care
- There are effective systems for identifying and escalating risks to the relevant statutory authority
- There are arrangements in place for policies and procedures to be reviewed on a regular basis
- Policies are centrally indexed and retained in a manner which is easily accessible by staff
- There are clear and documented systems in place for the management of records in accordance with legislative requirements and regional guidance for records management
- Arrangements are in place to review risk assessments (e.g. legionella, fire, HTM 01-05 Infection prevention society audit, COSHH)

### Complaints

- The practice has a complaints policy and procedure in accordance with the relevant legislation and DHSSPS guidance on complaints handling
- There are clear arrangements for the management of complaints
- Records are kept of all complaints and these include details of all communications with complainants, the result of any investigation, the outcome and the action taken
- Information from complaints is used to improve the quality of services
- Staff know how to receive and deal with complaints
- Arrangements are in place to audit complaints to identify trends and enhance service provision

### Incidents

- The centre has an incident policy and procedure in place
- Incidents are effectively documented and investigated in line with the standards and guidance
- All relevant incidents are reported to the statutory authorities in accordance with legislation and procedures

### Audits

- There are arrangements in place to monitor, audit and review the quality of service
- The results of audits are analysed and actions identified for improvement are embedded into practice

**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, families and children

**Quality Assurance**

- Arrangements are in place for staff supervision and appraisal
- There is collaborative working with external stakeholders
- Audits of incidents are undertaken and learning outcomes are identified and disseminated throughout the organisation

**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**

- There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all areas of the centre
- There is a workforce strategy that ensures clarity in respect of structure, function, roles and responsibilities of staff. Each person is fully supported and trained to carry out their role
- Staff are aware of their roles and responsibilities and actions to be taken should they have a concern
- Families and children are aware of the roles of staff and who to speak with if they need advice or have issues/concerns
- The provider is kept informed regarding concerns related to the day to day running of the practice
- The governance arrangements in place are effective, responsive to need and fit for purpose

**Indicator L4**

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

**Examples of Evidence**

- The statement of purpose and service users guide are kept under review, revised when necessary and updated
- The manager responds in a timely manner to matters raised during the inspection

**Indicator L5**

There are effective working relationships with internal and external stakeholders.

**Examples of Evidence**

- There is a whistleblowing policy and procedure and staff are aware of this
- Arrangements are in place for staff to access their line manager in a formal and informal manner
- There are arrangements in place to support staff
- Discussion with staff confirmed that there are good working relationships and that management are responsive to suggestions/concerns

# 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 no areas for improvement are identified 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.



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