



RQIA Provider Guidance 2017-18

Children's Services

Leaving Care Services

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 leaving care services at least annually. Our inspectors are most likely to carry out an announced 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 leaving care services, we aim to:

- Seek the views of the people 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 HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Children (Leaving Care) Regulations (Northern Ireland) 2005
- The Children (Northern Ireland) Order (1995)
- The Department of Health, Social Services and Public Safety's (DHSSPS) Leaving Care Services in Northern Ireland (2012)

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

- A system is in place to ensure staff receive annual appraisals and records are retained
- Regular supervision is in place for all staff including personal advisors. This includes monitoring of adherence to professional codes of practice
- An annual training programme is in place
- Staff training includes safeguarding and other core practice issues such as child sexual exploitation and/or issues related to vulnerable adults
- Staff demonstrate compliance with professional codes of practice and post qualifying training requirements

Recruitment and Selection

- Staff have been recruited in line with the trust policies and procedures
- There is a written policy and procedure in place for staff recruitment
- Enhanced AccessNI 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 investigated 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 to staff
- Safeguarding issues are addressed and recorded as a key component of supervision
- There are written policies and procedures in place in respect of allegations of misconduct, incidents, whistle blowing and the reporting/ 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
- There is evidence of joint working with PSNI and relevant medical and mental health agencies to underpin the safety and welfare of young people
- Case files evidence work undertaken with young people to enable them to address safety concerns

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

- The trust has clear written policy and procedures to protect and promote the health of young people. This complies with DHSSPS strategies, initiatives and guidance on promoting the health of young people including their physical, mental and emotional health needs as well as general wellbeing and lifestyle
- Risk assessments and support plans are completed and regularly reviewed in co-operation with the young person.
- Young people's case records clearly reference discussions about their support plans, risk assessments and strategies to respond to risk in a planned way

Indicator S4

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

Examples of Evidence**Environment**

- The trust has written protocols with NIHE and other agencies to provide housing and appropriate support to assist young people leaving care to move to suitable living arrangements in the community in keeping with their assessed needs. These arrangements are regularly reviewed and take account of and reflect changes to legislation, personnel and /or practice
- There are structures and processes in place to ensure that the accommodation which young people move to is safe and suitable and where applicable complies with relevant regulations and standards

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

- There is evidence of the trust and providers working in a co-operative and collaborative manner to meet the best interests of young people
- Case files include pathway needs assessment and pathway plans. Documentation is comprehensive and includes information about young people's backgrounds including adverse childhood experiences or any current vulnerabilities
- 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

- The trust has a range of services in place to meet the requirements under The Children (Leaving Care) Act (NI) 2002 and The Children (NI) Order 1995
- Evidence is available that the trust is appropriately monitoring delivery of delegated statutory functions adherence to standards and promotion of improved outcomes for young people
- There is evidence on files that Looked After Children (LAC)/pathway review meetings are held within timescales to agree young people's care plans, to evaluate outcomes and identify future progress with the young person
- The trust has in place effective governance arrangements which assure that monitoring, review and audit mechanisms are in place. There is evidence of action being taken in response to identified issues or unmet need
- Personal advisors promote self-advocacy, act as advocates for young people and ensure young people have access to other methods of advocacy

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 in place that includes parents and families in a meaningful partnership where this is in the young person's best interests
- Young people are aware of who to contact if they want advice or have any issues or concerns
- Staff can communicate effectively and work co-operatively with service users, colleagues and 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 demonstrates service users are responded to with dignity and respect
- Young people's files evidence that their rights are upheld and staff operate from a clear professional value base.
- There is a trust statement on commitment to fairness and diversity
- There is evidence of staff training/awareness of a rights based approach to care delivery
- The trust operates using a person centred and young person best interests approach
- Staff have the skills to develop positive relationships with young people and generate a culture of openness, trust and co-operation with them
- Staff are able to provide examples of making positive relationships with the young people

Indicator C2

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

Examples of Evidence

- Young people's case files evidence how they have participated decision making forums and staff value the contribution by them
- Where young people have specialist communication requirements and need assistance to communicate this is assessed and facilitated
- The views of significant others (where appropriate) is sought and considered as part of the care planning process
- There are meaningful feedback mechanisms in place that lead to action by staff to address grievances

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

- Young people are actively supported to participate and be involved in planning their lives.
- There are records showing the views of and discussions with young people and those significant to them as well as feedback given and decisions made
- Young people are encouraged to approach their social worker or personal advisor with their concerns, needs and wishes and know and understand how to make a complaint. There is a system in place for making complaints and representation which they are made aware of

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
- 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

Complaints

- The trust 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
- Staff know how to receive and deal with 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
- Arrangements are in place to audit complaints to identify trends and enhance service provision

Incidents

- The trust has an incident policy and procedure in place which includes reporting arrangements to RQIA
- Incidents are effectively documented and investigated in line with legislation
- Any learning arising out of incidents and accidents is disseminated and incorporated into improved 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 and young people

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 trust
- 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
- Service users are aware of the roles of staff and who to speak with if they need advice or have issues/concerns
- 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

- Trust response to regulatory matters (e.g. reports and quality improvement plans)

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
- Discussion with staff confirmed that there are good working relationships and that management are responsive to suggestions or concerns
- Multi-disciplinary meetings take place in response to young people's assessed needs and support

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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