



RQIA Provider Guidance 2022-23

Day Care Settings

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:

- to register and inspect a wide range of independent and statutory health and social care services
- to work to assure the quality of services provided by the Department of Health (DoH) Strategic Planning and Performance Group (SPPG), HSC trusts and agencies through our programme of reviews
- to undertake a range of responsibilities for people with mental ill health and those with a learning disability.

RQIA registers and inspects a wide range of HSC 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).

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote peoples' rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

How we will inspect

We will inspect every day care setting at least once every year from April 2022 to March 2023. Our inspectors are most likely to carry out unannounced inspections, however from time to time we need to give some notice of our inspections. We will also undertake a range of inspections including remote, blended and onsite inspections.

When we inspect a day care setting, we aim to:

- seek the views of the people who use the service, or their representatives
- talk to management and other staff on the day of the inspection
- communicate with trust commissioners and professionals, where appropriate
- review a range of records including policies, care records, incidents and complaints
- provide feedback on the day of the inspection to the person in charge on the outcome of the inspection
- 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
- provide an easy read report when appropriate or requested.

Our inspections are underpinned by:

- The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Setting Regulations (Northern Ireland) 2007
- The Day Care Settings Minimum Standards revised (2021)

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 and may, on occasions, include particular themes.

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

Indicator 1

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

- There is a written policy and procedure for staff recruitment and induction
- Work permits of any potential employee are checked and adhered to
- Pre-employment checks are undertaken and stored in accordance with guidance
- The day care setting has a structured induction programme including the NISSC Induction Standards. A system is in place that staff receive supervision/appraisals in accordance with the required standards and records are retained.
- All staff are registered with the appropriate regulatory body, e.g. NISSC / NMC and registration of staff is maintained and under review
- A system is in place to monitor alerts issued by the Chief Nursing Officer (CNO) for Northern Ireland
- A system is in place to identify and provide any additional training needed
- The duty rotas demonstrate that there are sufficient numbers of staff in various roles to meet the needs of the service users. The duty rota has the full name of the staff and identifies the person in charge for every shift
- Observation of care provides evidence there is adequate staff in a caring role for the supervision of the service users and to deliver the care as described in their care plans
- In the absence of the registered manager a suitable competent person is identified to assume responsibility for the day care setting and the duty rota clearly identifies the staff member
- The management arrangements for the day care setting are known to staff
- A system is in place for the induction of staff for temporary/short notice/emergency arrangements
- Systems are in place to review staff mandatory training and update training as required
- A system is in place to ensure all staff receive appropriate training to fulfil the duties of their role

- A system is in place to ensure all staff are registered with the Northern Ireland Social Care Council (NISCC), Nursing Midwifery Council (NMC) or other relevant bodies and kept under review
- There is a policy and procedure in place in relation to volunteers. The day care setting undertakes checks (Access NI, references) on volunteers prior to direct engagement with service users
- The day care setting is to have written records of the training and induction of all volunteers
- The day care setting is to have a clear job description of the role of volunteers.
- Volunteers are not to undertake any personal care duties.

Indicator 2

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

Examples of evidence

- The 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
- Safeguarding training is provided during induction and updated as necessary in line with policies and procedures; the content of the training is retained and available for inspection
- Content of the Safeguarding training includes – Physical, Sexual, Psychological, Financial, Institutional, Neglect, Exploitation, Domestic Violence, Human Trafficking and Hate Crime are additional types of abuse
- Staff files contain evidence that staff are recruited in accordance with Regulation 21 and Standard 20
- There is an identified Adult Safeguarding Champion/Safeguarding Lead
- The completed annual Adult Safeguarding Position Report is completed (excluding trusts) and available for review
- The regional operational safeguarding procedures are adhered to
- Staff are knowledgeable about safeguarding and are aware of their obligations in relation to raising concerns about poor practice and are aware of the whistleblowing procedure and policy
- There is evidence that the registration of each staff member with their regulatory bodies is maintained
- All suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with the procedures
- Where shortcomings in systems are highlighted as a result of an investigation, additional identified safeguards are put in place
- Staff are knowledgeable about the human rights of service users and are aware of the potential impact of any restrictive practices
- Arrangements for receiving service users' monies are transparent, have been authorised and appropriate records are maintained
- There are arrangements in place that highlight any Serious Adverse Incidents (SAI), and Significant Event Analysis (SEA) reports and Early Alerts in line with the SPPG Procedure for the Reporting and Follow up.

Indicator 3

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 planned use of restrictive practice or restraint is appropriately assessed, minimised, recorded and reviewed with involvement of the multi professional team as required
- Records of restrictive practices and restraint are retained appropriately
- Occasions when a service user is subject to restraint or restrictive practice are reported to RQIA and robust records are maintained
- Accident/incidents are recorded and audited to establish if there any patterns or trends
- Notifiable events are appropriately reported to RQIA and other relevant organisations
- Deprivation of Liberty Safeguards (DoLS) arrangements are in place for existing and future service users
- There is evidence in place that staff have completed appropriate (DoLS) training appropriate to their job roles. All staff have completed training at Level 2 and staff with overseeing responsibility at level 3
- There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed
- The setting must keep a record of any referrals made to the NISCC or NMC
- Care plans and risk assessments include the views of the service users and where possible, their understanding of risks, the choices provided regarding care provision and the right to decline elements of the care proposed
- Referral arrangements and care/support plans include relevant risk assessments for all areas including restraint or restrictive practice
- Where a service user is experiencing a deprivation of liberty, the care records contain details of assessments completed and agreed outcomes developed in conjunction with the HSCT representative.

Indicator 4

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

Examples of evidence

- The day care setting premises are maintained and are suitable for the purposes of day care as set out in the Statement of Purpose
- The day care setting is clean, suitably heated with sufficient lighting
- There are no obvious hazards internally or externally to the health and safety of service users, staff or visitors
- The outcome of hygiene inspections (including environmental health inspections) is available and actions have been addressed
- A fire safety assessment is in place and up to date. Any actions identified in the assessment have been addressed
- Staff are trained in fire awareness and this is kept up to date
- Health and Safety matters, including fire safety guidance, are adhered to at all times
- Records are maintained of the fire drills and any learning identified is clearly recorded and actioned
- Infection control measures are in place and staff are familiar with same

- PPE stations are appropriately positioned and sufficiently stocked around the day care setting

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

Indicator 1

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

Examples of evidence

- Record keeping is in accordance with legislation, standards and best practice guidance
- A policy and procedure is available which supports the creation, storage, recording, retention and disposal of records in accordance with the data protection act (DPA) and general data protection regulations (GDPR)
- The day care setting's statement of purpose and service user guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions
- Referral arrangements, care plans and relevant risk assessments are in place
- Every service user has a written agreement that is current, relevant and has been reviewed
- Service user needs are assessed by suitably qualified or trained staff and evidence of review is recorded
- Risk assessments are up to date and are reviewed on a regular basis
- The care plan takes account of the outcome of all assessments, is regularly evaluated and reviewed in consultation with service users/representatives and the multidisciplinary team as necessary
- Each service user has an annual care review and the outcomes of the review are addressed and recorded
- Service users have access to their care plan in a suitable format
- Referrals are made to specialist services as and when required
- When no recordable events occur, there is an entry in the records at least every five attendances
- Transport arrangements, where provided by the day care setting, meet the needs and requirements of service users
- The care plan includes all relevant assessed risks and notes when a service user has Dysphagia needs
- The day care setting can demonstrate a good knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans and associated Speech and Language Therapy (SALT) dietary requirements
- The day care setting must ensure that a copy of the SALT assessment including the recommendations is contained in the services users' files
- Staff are trained in Dysphagia/Swallow Awareness and records of this training retained
- Service users are provided with a copy of their care plan in a suitable format and receive information in relation to potential sources of (external) support/advocacy to discuss their needs and care plans
- There is a policy and procedure on enteral feeding
- Staff are trained on enteral feeding, where applicable, and assessed as competent and capable. A record of training is retained
- The day care setting ensures that the service users' care plans and risk assessments have been updated to reflect if enteral feeding is required

- There is evidence of consultation with the dietician regarding enteral feeding
- Staff are trained and deemed competent and capable if specialised equipment is required for service users. The dates of this training must be recorded and retained
- There is robust managerial oversight of the risk assessment and care plan for service users who require the use of specialised equipment
- Staff must record what equipment is used if two or more types of equipment are in the day care setting
- The day care setting must ensure they have a robust system to record any medication errors. Staff are to be trained in administering medication and written records maintained
- The medication policy must include the use of oral syringes.

Indicator 2

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 setting has systems in place to seek, record, monitor and retain service users' comments regarding the quality of care provided
- The day care setting has arrangements in place to complete regular audits and review of service provision. This should be informed by a policy and procedure on quality assurance
- The registered person must ensure the quality of services is monitored and a report is prepared on a monthly basis
- The day care setting has in place robust arrangements for identifying and managing service failures in a timely manner
- The quality of service provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.

Indicator 3

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

Examples of evidence

- Service users and their representatives are aware of who to contact if they want advice or have any issues/concerns
- Staff and service user meeting records are maintained
- Staff communicate effectively with service users, families and trust professionals when there are quality issues arising

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

Indicator 1

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

- Staff are aware of the day care setting's policy and procedure on confidentiality and staff can demonstrate how this is implemented
- Staff have received Human Rights training or guidance
- Consultation with carers/staff/service users shows that those who use the service are treated with dignity and respect
- Service users are aware that they can make choices regarding their placement and activities
- The day care setting can demonstrate that service users' views, capacity and consent have been taken into account
- The day care setting maintains a record of any complaints made by service users
- Arrangements are in place for service users to access the records kept about them in the day care setting
- Meals and refreshments provided meet the assessed needs and preferences of the service users.

Indicator 2

Service users and their representatives are listened to, valued and communicated with in an appropriate manner; their views and opinions are sought and taken into account in all matters affecting them.

Examples of evidence

- There are arrangements in place for involving service users to make informed decisions
- There is in place a system to ascertain and take into account the service user's wishes and feelings
- Information on the complaint procedure in a suitable format is available for service users.
- There is evidence that service users have opportunities to influence the running of the day centre
- RQIA staff/service user/relative questionnaire responses evidence that care is delivered within the day care setting.

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

Indicator 1

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

Examples of evidence

- There policies and procedures in place which are reviewed at least every three years
- Staff can easily access policies and procedures
- Governance arrangements effectively promote the identification and management of risk
- A complaints policy and procedure is maintained in accordance with legislation, DHSSPS Standards and regional guidance
- Records are kept of all complaints and these include details of all communications with complainants, the result of the investigation, the outcome and the action taken
- There are arrangements in place to support service users to make a complaint
- Staff know how to identify, receive and manage complaints
- Arrangements are in place to audit complaints to identify trends and learning and to enhance service provision
- There is an incident policy and procedure which details reporting arrangements to RQIA and other relevant agencies
- Audits of incidents/accidents are undertaken and learning outcomes are identified and disseminated throughout the staff team
- There is an accurate alphabetical index of service users
- There is an accurate alphabetical index of staff.

Indicator 2

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

Examples of evidence

- Any absence of the registered manager of more than 28 days is notified to RQIA, and arrangements for managing the day care setting in the absence of the registered manager are approved by RQIA
- The Statement of Purpose and Service User Guide details the range of service users' needs being met in the setting, including their age range. The documents are kept under review, revised when necessary and updated and the updated document is submitted to RQIA
- Registered person/s respond to regulatory matters (e.g. notifications, reports/quality improvement plans (QIPs), enforcement)
- RQIA certificate of registration is on display and accurately reflects the registration status of the centre
- Any changes to the details of the registered persons, significant alterations to the premises, change to the registration details or if additional premises are acquired are reported to RQIA. In most cases this should have been prior to the change
- The Registered Person must ensure they have Employer's and Public Liability Insurance (excluding HSC Trusts).

Indicator 3

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

Examples of evidence

- Arrangements are in place for managing incidents/notifiable events
- Audits of incidents are undertaken and learning outcomes are identified and disseminated throughout the day care setting
- Arrangements are in place for staff supervision, appraisal and performance management
- There is evidence of a systematic approach to the review of available data and information, in order to make changes that improve quality.

Indicator 4

There is a clear organisational structure and all staff are aware of their role, 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 the responsibilities of all staff
- There are arrangements in place to ensure that staff behaviour and conduct is in accordance with organisational policies and procedures, values standards and legislation
- Staff are aware of their roles and responsibilities and actions to be taken should they have a concern

- The registered person/s have an understanding of their roles and responsibilities under legislation
- Service users are made aware of the roles of staff within the day care setting and who to speak with if they want advice or have issues/concerns.

Indicator 5

There are effective working relationships with internal and external stakeholders.

Examples of evidence

- There are collaborative working arrangements with relevant professionals e.g. HSC Trusts, NISCC
- Arrangements are in place for staff to access their line manager
- Discussion with staff confirms that there are good working relationships and that management are responsive to suggestions/concerns
- There are arrangements in place to ensure that staff are registered as appropriate with the relevant regulatory body NISCC, NMC and registration is maintained and reviewed by management

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 were reviewed by 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.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

RQIA, 1st Floor
James House
Gasworks
2 – 4 Cromac Avenue
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care