



# RQIA Provider Guidance 2019-20

## Adult Placement Agencies

[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).

As a public-sector RQIA have duties 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 adult placement agencies, 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 people's rights. Users of the service have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

# The Four Domains: Stakeholder Outcomes



# How We Will Inspect

We will inspect every Adult Placement Agency at least once every year. Our inspectors are most likely to carry out announced 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 Placement Agency, we aim to:

- seek the views of the people who use the service and/ or their representatives. In some cases we will do this before our inspection visit
- talk to the managerial staff on the day of the inspection
- talk to adult placement carers
- talk to trust commissioners and professionals, where appropriate
- 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
- 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 Adult Placement Agencies Regulations (Northern Ireland) 2007
  - The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- Draft minimum standards for adult placement agencies were produced in 2005 and are currently seen as good practice guidance. The draft standards set out the arrangements and procedures that are considered to be important to ensure the delivery of a quality service by adult placement agencies
- Previous inspection outcomes and any information we have received about the service since the previous inspection.

# 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

- There is a written policy and procedure for carer recruitment
- Pre-approval checks are undertaken
- The agency provides all carers with a carer's agreement
- The agency has a structured carer's induction programme
- The agency has a procedure in place for induction of carers for short notice/emergency arrangements
- There are sufficient numbers of carers deployed to meet the needs of service users and in ensuring that service provision promotes the rights of service users
- The agency has a process for evaluating the effectiveness of the carer's induction and training
- A system is in place to ensure all carers receive appropriate training to fulfil the duties of their role
- A system is in place to ensure that carers receive appropriate placement monitoring and records are retained
- A system is in place to identify and provide any additional training needed to meet the needs of service users

### Indicator S2

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

#### Examples of Evidence

- 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
- There are arrangements in place to identify the Adult Safeguarding Champion
- The agency's safeguarding position report is available for review during the inspection
- There are arrangements in place to embed the new regional operational safeguarding procedures
- Carers are knowledgeable about safeguarding and are aware of their obligations in relation to raising concerns about poor practice
- Carers are aware of their obligations in relation to raising concerns about poor practice and there are arrangements in place for carers to raise concerns within and out of hours
- Safeguarding training is provided during carer/staff 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

- Care planning and service provision are undertaken with a focus on the rights of service users
- Carers are knowledgeable about the human rights of service users and are aware of the potential impact of any restrictive practices

### 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

- Care is regularly evaluated and reviewed
- Referral arrangements and care and support plans include relevant risk assessments for all areas including restraint
- Care plans and risk assessments include the views of the service user and where possible, their understanding of risks, the choices provided regarding care provision and the right to decline elements of the care proposed

### Indicator S4

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

### Examples of Evidence

- The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose

## 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

- Record keeping is in accordance with legislation, draft standards and best practice guidance
- A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records
- The agency'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
- The care plan is developed in consultation with the service users **/trust professionals.**
- who 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 plan
- The agency will advise the adult placement carer in writing of any changes to the service user's assessment and care plan
- Service users are informed of referral, matching and introduction to adult placement carers
- There is evidence of the best interests of service users being considered where the service user lacks capacity to consent to or decline proposed elements of their care
- The communication needs of service users have been assessed and where appropriate, communication support plans put in place
- 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 plan

- The agency has arrangements in place to respond to unforeseen or emergency events occurring

#### **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**

- Quality monitoring is undertaken routinely in accordance with the agency's policy and actions identified for improvement are implemented into practice
- The agency maintains a record of any comments made by service users
- The agency seeks feedback from representatives on their views on the quality of care and support provided by the agency
- The agency's policy and procedures outline the process for monitoring and reviewing the placement
- The agency has a mechanism in place to ensure that an announced annual monitoring visit of the agency takes place
- Service users are advised of advocacy services
- Reviews take place in line with the agency's policy timeframes
- The agency has in place robust arrangements for identifying and managing service failures in a timely manner

#### **Indicator E3**

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
- Carer placement monitoring records
- The agency maintains a record of any comments made by service users
- Carers communicate effectively with service users, families and trust professionals when there are quality issues arising
- There are arrangements in place to ensure that the views of service users with specific communication needs are sought

## **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**

- Carers are aware of the agency's policy and procedure on confidentiality and can demonstrate how this is implemented
- Service users are consulted with in relation to the confidentiality of their personal information
- Discussion with carers/staff/service users shows that those who use the service are treated with dignity and respect



- Carers have received human rights training or guidance
- The agency seeks feedback from service users' and their representatives (including HSC trusts) on the quality of care and support provided by the agency
- Service users are aware that they can make choices regarding their placement and activities
- The agency can demonstrate that the service users' views, capacity and consent have been taken into account
- There are arrangements in place to ensure that restrictive practices are kept under regular review
- The autonomy of service users is respected and service users are encouraged to exercise choices and control over all aspects of their care planning

#### **Indicator C2**

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

#### **Examples of Evidence**

- There are arrangements in place for involving service users to make informed decisions
- There are arrangements for providing information in alternative formats
- There are arrangements in place for promoting fairness and involving service users to make informed decisions about all aspects of their care
- There is in place a system to ascertain and take into account the service user's wishes and feelings
- The views of service users are used to improve the quality of service provision

#### **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**

- The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided
- Service user consultations about the standard and quality of care are carried out on an annual basis
- Results are collated to provide a summary report which is made available to service users
- An action plan is developed to inform and improve services provided

## **Is the Service Well Led?**

**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 L1**

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

#### **Examples of Evidence**

- There are arrangements in place for policies and procedures to be reviewed at least every three years
- Policies are retained in a manner which is easily accessible by carers
- The agency's governance arrangements highlight and promote the identification of and management of risk
- The agency maintains and implements a complaints policy and procedure in accordance with the relevant legislation and DHSSPS guidance on complaints handling



- 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
- There are arrangements in place to support service users to make a complaint or when a complaint has been made
- Carers know how to receive and deal with complaints
- Arrangements are in place to audit complaints to identify trends and enhance service provision
- The agency has an incident policy and procedure in place which includes reporting arrangements to RQIA and other relevant agencies
- Carers are aware of equality legislation and recognise and respond to the diverse needs of service users
- The agency has systems in place to consider equality for service users

### **Indicator L2**

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 agency
- Arrangements are in place for carer placement monitoring
- The agency's management and governance systems focus on the rights of service users and improving service user outcomes

### **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
- 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

### **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
- Carers are aware of their roles and responsibilities and actions to be taken should they have a concern
- The registered person/s has an understanding of their roles and responsibilities under legislation
- Service users are made aware of the roles of carers/staff within the agency and who to speak with if they want advice or have issues/concerns
- There are opportunities for staff /carer awareness regarding equality legislation to recognise and respond to service users' diverse needs.
- There are arrangements in place to ensure that staff behaviour and conduct is in accordance with organisational policies and procedures, values standards and legislation

**Indicator L4**

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

**Examples of Evidence**

- The Statement of Purpose and Service User Guide are kept under review, revised when necessary and updated
- Registered person/s respond to regulatory matters (e.g. notifications, reports/QIPs, enforcement)
- RQIA certificate of registration is on display and reflective of service provision

**Indicator L5**

There are effective working relationships with internal and external stakeholders.

**Examples of Evidence**

- There are collaborative working arrangements with external stakeholders e.g. HSC trusts,
- There is a whistleblowing policy and procedure and carers are aware of this
- Arrangements are in place for carers to access their social worker
- There are arrangements for management to effectively address carer suggestions

# 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.

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.



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

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