



The **Regulation** and
Quality Improvement
Authority

Monitoring Quality in a Domiciliary Care Agency: Guidance for Registered Providers

**Regulation 23 of the Domiciliary Care Agencies Regulations
(Northern Ireland) 2007**

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Who must visit the Domiciliary Care Agency?

Main points

1. Registered providers are responsible for monitoring the quality of service provided in their agency. Please refer to Appendix 1 of this document for more detail.
2. Where the registered provider of a domiciliary care agency, the Domiciliary Care Regulations require that the registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. The nature of the required monitoring is set out within paragraph 8.11 of the Minimum Standards for Domiciliary Care Agencies (Appendix 1).

In accordance with regulation 23 (2) of the Domiciliary Care Agencies Regulations (NI) 2007, RQIA may request submission of any monitoring report compiled. The registered provider must retain a copy of the report for examination by the Regulation and Quality Improvement Authority (RQIA).

3. The registered provider must develop a system which includes a visit to the agency by or on behalf of the registered person by someone who is not the manager and who is not directly involved in the day to day running of the agency, to carry out the monthly visits and report on what they find. This individual is referred to as “the monitoring officer” in this document.

How frequently must the registered provider/monitoring officer visit the domiciliary care agency?

4. The visit by or on behalf of the registered provider/monitoring officer must take place at least once a month. Taking into account the nature of the service, the responsible individual should record within the report a clear rationale for whether each visit is carried out on an announced or unannounced basis. Standard 8.11

What must the registered provider/monitoring officer do at the monitoring visit?

5. The visit provides an opportunity for the registered provider/monitoring officer to monitor the quality of the service being provided in their agency. They may wish to concentrate on aspects of the service that people using it have told them they need to improve. They should include all the issues requiring action in their RQIA quality improvement plan. The registered provider/monitoring officer should look at how they are promoting equality and meeting the diverse needs of the people using the service.

6. The registered provider/monitoring officer must speak, with consent and in private, a sample of:
 - Users of the domiciliary care agency*
 - Representatives of service users
 - Staff working for the domiciliary care agency
 - Professionals who refer people to the agency, assess and monitor people who receive these services

They should select a sample that will give a good overview of the experiences of people using and working in the agency with particular regard to their equality and diversity. This sample should evolve each month with different stakeholder feedback on each occasion.

It is recognised that, in many large conventional domiciliary care agencies, it is unlikely that the sample of service users/ representatives/ staff members/ professionals will be representative owing to the size of the service. In these circumstances the monitoring officer should carry out more detailed interviews of a limited number of service users and their representatives each month, which in some circumstances may be carried out by phone.

7. The registered provider/monitoring officer must inspect the environment of the agency, including the setting within which care is provided (if the agency provides a supported living type service), the monitoring officer should ensure they have consent to access this accommodation.
8. The registered provider/monitoring officer must inspect the agency's record of accidents / incidents and record of any complaints. In reviewing patterns and/or trends arising the registered provider/monitoring officer must take appropriate action to review such matters and put in place corrective action as necessary.
9. The registered provider must ensure that a system is in place to ensure that any person who is subject to restriction or deprivation of their liberty has had their legal entitlement to the provisions outlined in The Mental Capacity (Northern Ireland) Act, 2016 and the Deprivation of Liberty Safeguards (DoLs).

How must the registered provider/monitoring officer record their visit?

10. The registered provider/monitoring officer must write a report about their visit. The report should reflect what they did and what they found out about the service being provided and report on what progress is being made on the agency's improvement plan. The report should include a commentary on the experiences of people using and working in the agency together with commentary on those relatives and professionals spoken with. Any actions incorporated into an improvement plan should be clearly set out with associated timescales and actions allocated to the relevant staff member(s).
11. The report is primarily a tool that the registered provider can use as part of their management and overall governance of the quality of the service and will support their responsibilities to review the quality of care as detailed under regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

12. The form in Appendix 2 provides a suggested format for the report that the registered provider/monitoring officer may wish to use. However, the registered provider/monitoring officer may wish to develop their own format for the report that fits with other aspects of their quality monitoring/governance and auditing of the service.

What must they do with the report?

12. The report helps the registered provider to monitor and improve the quality of their service in ways that matter to the people using it. Progress against any necessary actions identified in the course of one monitoring visit should be evaluated and recorded on subsequent monitoring visits.
13. They must keep the report available for inspection by RQIA on file and provide the RQIA with a copy of this upon request.
14. RQIA will use any submitted reports to monitor action against the registered provider's quality improvement plan.
15. If RQIA requires the registered provider to supply a copy of their monitoring report, RQIA will specify the form and manner of delivery. The registered provider may wish to consider sending the report by secure means if it contains any confidential information, particularly private, personal information, where appropriate unique service user and stakeholder reference numbers should be considered.
16. The registered provider must also make the report available to:

The service's registered manager and if the registered provider is an organisation, to each of the directors or other people responsible for the management and governance of the organisation; or if the registered provider is a partnership, to each of the partners.

Expected outcomes:

1. The registered provider can monitor the quality of the service provided in their domiciliary care agency.
2. The registered provider can track progress between monitoring visits against any improvement actions specified following a monitoring visit.
3. The registered provider will support the registered manager in making necessary improvements to the quality of the service.
4. The views of service users, relatives and/or their representatives, staff and other stakeholders can be taken into account.
5. Trend data on the number of incidents by type can be reviewed and any learning disseminated early to all staff.
6. The number of complaints by type and action taken to resolve these will be reviewed and recorded and any learning disseminated early to all staff.

7. Any issues concerning the agency premises, and environment in which care is provided (supported living type agencies only), will be promptly addressed.

The agency will continuously improve the quality and standard of care provided.

Regulation 23 of The Domiciliary Care Agencies Regulations (NI) 2007

23.—(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.

(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—

(a) arranges the provision of good quality services for service users;

(b) takes the views of service users and their representatives into account in deciding—

(i) what services to offer to them, and

(ii) the manner in which such services are to be provided; and

(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.

(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Quality Improvement Authority (RQIA) within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the RQIA.

(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.

(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.

Extract from Standard 8 of the Minimum Standards for Domiciliary Care Agencies (Amended 2011)

8.11 The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.

This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.

| Report of Registered Provider’s Visit to their Domiciliary Care Agency | |
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| Name and address of the domiciliary care agency | |
| Name of the registered provider and their position in the organisation | |
| Date and time of visit | |
| Name and designation of the quality and governance officer or monitoring officer | |
| Was the visit announced or unannounced? | |
| Name of the person in charge of the agency during the monitor visit | |
| Number of service users | |

| Actions from Previous Visit | Progress |
|------------------------------------|-----------------|
| | |

1. Number of service users consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all service users each month. Unique identifiers to be detailed for monitoring purposes.

2. Number of relatives/representative consulted and a summary of their views on the quality of care and support provided by the agency. Unique identifiers to be detailed for monitoring purposes. This section should reflect a selection of all relatives/representatives each month.

3. Number of staff, on duty or off duty, interviewed and a summary of their comments on the standard of care provided. Unique identifiers to be detailed for monitoring purposes.

4. Number of referring professionals interviewed/consulted and a summary of their comments on the standard of care provided by the agency.

5. The number of accidents/incidents or other untoward events reviewed, including safeguarding, restrictive interventions, restraint as defined by the DHSS 2005. Review of trends and patterns should be clearly referenced and corrective actions detailed

- (a) Have all appropriate incidents been reported to the RQIA?

- (b) The number of vulnerable adult incidents reported to the HSC Trust.

6. The responsible individual/quality monitoring officer should note the system in place to ensure that any person who is subject to a restriction or deprivation of their liberty has had their legal entitlement to the provisions outlined in the Mental Capacity (Northern Ireland) Act 2016 and the Deprivation of Liberty Safeguards (DoLs).

7. Key findings from looking at the records of complaints during this and the previous month, trends identified and planned actions for review.

8. The responsible individual/quality monitoring officer should note the system in place to ensure that any person who lacks capacity in relation to the management of their finances has had their legal entitlement to the provisions outlined in the Mental Capacity (Northern Ireland) Act 2016 and the Deprivation of Liberty Safeguards (DoLs). The responsible individual /quality monitoring officer should note any potential alternatives explored, evidence of best interest decision making and regard for personal preferences. Records for transactions related to spending should be counter-signed and where money being held is in excess of £20K, the responsible individual/quality monitoring officer must ensure that there is a record of RQIA consent.

9. The responsible individual/quality monitoring officer should note the system in place to ensure that any person who lacks capacity in relation to the management of their valuables has had their legal entitlement to the provisions outlined in the Mental Capacity (Northern Ireland) Act 2016 and the Deprivation of Liberty Safeguards (DoLs). Records should be retained of each service user's property (where appropriate) and valuables (on deposit with the service)

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10. The responsible individual/quality monitoring officer should note the system in place to ensure that any person who is 16 years and over and lacks capacity to consent to research has had their legal entitlement to the provisions outlined in the Mental Capacity (Northern Ireland) Act 2016 and the Deprivation of Liberty Safeguards (DoLs).

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11. Missed/Late Calls - Conventional Domiciliary Care Services Only

The responsible individual /quality monitor officer should note the records of late or missed calls for the month and discuss with the management/staff on duty the action plan/s in place. The quality monitoring officer must assure themselves that the relevant people have been contacted in a timely manner including service users, relatives (if appropriate) and HSC Trust staff.

| Type of Calls | Number of Calls | Actions |
|---------------|-----------------|---------|
| Missed Calls | | |
| Late Calls | | |

12. Areas for improvement specified in the RQIA's quality improvement plan.

| AFI (under the regulations) | Completion Date | Progress |
|-----------------------------|-----------------|----------|
| | | |
| AFI (under the standards) | Completion Date | Progress |
| | | |

13. Commentary on progress made on planned improvements.

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14. Condition of the environment in which care is delivered and detail any action to be taken (supported living services only).

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15. Other improvements planned as a result of observations/discussions with stakeholders during this visit.

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16. Other areas for audit during this monitoring visit.

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17. Service Users' Finances (supported living services only) – are finances in order as outlined within the tenant's finance agreements? Record the number and unique identifier of tenant's files audited.

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| Does each service user have a financial support plan which accurately reflects the way in which they are supported to manage their money? | |
| Have there been any recommendations within internal audit reports that remain outstanding? | |
| Have all relevant staff been trained in the agency's procedures on "handling service user's money"? | |

18. Medication – medication records are in place as required within the service users' care and support plan? Record the number of service users' files audited and unique identifier of those reviewed.

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19. Training Records – are all training records up to date and recorded appropriately? Record the number of training topics audited and unique staff identifiers for those records reviewed. Review in particular the numbers of staff who have undertaken DOLs training, at the relevant level.

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20. Supervision Records – supervision/appraisal records are up to date and in line with agency policy? Record number of staff files audited and unique staff identifiers for those records reviewed.

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21. Professional Registrations with NISCC/NMC – Registrations are up to date in line with the agency policy? Record number of staff files audited and unique identifiers for those records reviewed, if not maintained on a central record/matrix.

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22. Recruitment Records – have staff from any other domiciliary care agency been used in the past month? Is yes, how many and how often?

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Were they recruited from a domiciliary agency registered with RQIA?

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| Yes | No |
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Did the responsible person ensure that all the information specified in regulation 13 schedule 3 had been met, in particular proof of identity, two references and an AccessNI check prior to the supply of the worker to work in the home of the service user(s)?

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| Yes | No |
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22. Where agency staff have been recruited from other registered domiciliary care agencies, other than emergency provision, have the agency care workers been provided with a three day induction, as specified in regulation 16 (5) (a).

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| Action plan agreed as a result of this visit by whom and timescale for completion | | |
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| Action | By Whom | Completion Date |
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