



The **Regulation** and  
**Quality Improvement**  
Authority

## **Speaking Notes**

**Olive Macleod, RQIA Chief Executive, 8 December 2016**

### **What Providers can do to Maintain Quality during Difficult Financial Times**

**UKHCA Northern Ireland Forum, Riddel Hall, Belfast**

Thank you for the opportunity to address you here today and I am delighted to meet many of you for the first time. My name is Olive Macleod, and I joined RQIA in July of this year as Chief Executive. I am a nurse by training and prior to joining RQIA I spent nine years as a Director of Nursing – most recently in the Northern Trust as Director of Nursing and Service Engagement.

In these roles – and in common with you all –the service user and patient is at the centre in every decision I make.

I am here today to talk about the delivery of services during difficult financial times.

Having worked in health and social care for some 30 years in Ireland, Scotland, Canada and for the past 20 years in Northern Ireland, I cannot remember working in anything other than “difficult financial times”.

However, I acknowledge the challenges facing everyone working in health and social care in ensuring that a high quality service is delivered.

At RQIA we are responsible for the regulation of almost 1,500 health and social care services across Northern Ireland. Domiciliary care accounts for over 300 of these services. 120 of these are what we describe as conventional domiciliary care agencies – the services that you are responsible for managing and delivering.

Each year we are required to inspect each of these services on a minimum of one occasion – the majority of these unannounced.

Our key role is to provide public assurance in the quality of health and social care services.

In common with every service on our register, during our inspections we assess the quality of leadership and management within a service – which is key to the delivery of a good quality service. We also assess: Is care safe? Is care effective? And, Is care compassionate? Where we see strong leadership we generally see safe, effective and compassionate care being delivered.

We provide comprehensive feedback at the end of each inspection and we publish a full report of our findings on our website.

Where we identify concerns, or where there is a material change in the service, we may conduct additional inspections. Over the past year - we conducted around ten such inspections.

This public assurance is important - the recently published review of health and social care in Northern Ireland, led by Professor Bengoa, states that some 23,400 people are in receipt of domiciliary care each week.

In Northern Ireland, we have an ageing population, which places an increasing pressure on health and social care services.

In recent years there has been a move towards care in people's own home, and we have seen significant changes in the models of care delivery.

Nursing homes are now catering for an increasing number of patients with more complex nursing needs and higher levels of dependency, who, in previous times, may have been cared for in a hospital setting.

We are also seeing a move from long-stay hospital wards to care in the community; declining numbers in residential care homes; and an associated growth in domiciliary care and supported living services.

This is resulting in increasing demands being placed on domiciliary care services, with people with increasingly complex needs being cared for in their own homes.

This is a reflection of the wider changes in the provision of health and social care.

Through our inspections, over the past year, in most cases, we find that services are managing to maintain quality in their provision. However, we have also seen issues around the recruitment of staff and the need for us to seek assurances through Access NI checks and references.

This is a particularly important issue given that domiciliary care workers are often working alone with vulnerable people, and this provides both protection for you, your staff AND for those in receipt of services.

In recent months we have taken enforcement action against one service on this issue, which has since achieved compliance with regulations.

We should also note and commend your services for the positive feedback that we get from the vast majority of those who are in receipt of services.

Because these services are delivered in people's homes our inspectors do not always have an opportunity to engage directly with service users.

However, we have a User Consultation Officer to engage with people in receipt of domiciliary care services, or their relatives by telephone and face-to-face meetings.

Through this engagement a range of issues are highlighted, which we can follow up through our inspections. These include issues relating to timekeeping – for example - short calls or late calls, incomplete paperwork, and out of date care records. It should also be noted that we also receive some very positive feedback on the caring nature of staff and people going the extra mile.

Our inspections also identify examples of best practice, which we are keen to share across the sector. These examples and initiatives can help to maintain, support and promote quality in your services.

Examples include:

- Using staff newsletters to highlight good practice – identify individuals or teams through “carer of the month” accolades.
- Some providers have an “apprenticeship programme” – which helps to ensure that through this induction programme - new staff know exactly what is expected of them

- Each month , highlight a “Policy of the month” for discussion at staff meetings
- Be ahead of the game - identifying your “champions” to target awareness raising - for example, a new safeguarding policy
- Your own quality monitoring - when this is done well, it is a key element in supporting you in maintaining the quality of your service.
- Reflect the views of service users – RQIA’s reports do so and the role of our User Consultation Officer as well as our inspectors is key to this for RQIA
- Give compliments to your staff – let them know when they are doing a good job

In each case these are measures that are cost neutral, but can help to support improvements in the quality of the service you are providing, and also demonstrate your commitment to your staff.

**In conclusion.** While we have no role in the commissioning arrangements of the local health and social care trusts, we are conscious of the potential impact of this on the delivery of these services.

The media will often cover stories of poor experiences, however, a recent letter sent to a provider by the relative of a recently deceased service user is more typical of the experiences of most people. The relative wrote:

*“...you have gone above and beyond so many times and you will never know how much the support you have given us over the years has meant. We will never forget the compassion, empathy and kindness you showed ...you always went that extra mile and kept mums wellbeing at the centre of everything you did. As we go through life we meet people who come and go, and every now and then you meet someone really special, and you truly are a special lady.”*

This is typical of the majority of the experiences for most people in receipt of your services.

Keep doing what you are doing, we are all struggling with the challenges presented by the current financial austerities. We welcome the Health Minister's announcement this week on the appointment of leading social care experts to help reform Adult Care and Support.

This will provide an independent perspective on potential solutions to meet the challenges facing the care and support system and ensure it is sustainable and fit for purpose into the future.

**ENDS**