



# RQIA Provider Guidance 2017-18

## Children's Homes

[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).

# The Four Domains



# How We Will Inspect

We will inspect children's homes at least two times per year. Our inspectors will carry out unannounced inspections, however from time to time we may 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 children's homes we aim to:

- Seek the views of the children and young people who use the service, their parent/relative, field social worker or another representative
- Talk to the management and staff on duty 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 Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Children (Northern Ireland) Order (1995)
- The Children's Homes Regulations (Northern Ireland) 2005
- The DHSSPS Minimum Standards for Children's Homes (2014)

# 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

- There is an induction programme in place appropriate to the role
- A system is in place to ensure staff receive annual appraisals and records are retained
- A system is in place to ensure all staff receive appropriate training to fulfil the duties of their role. This includes training in child protection for all staff members including ancillary and domestic staff.
- Children's homes are staffed in line with Regulation 24 (1) and (2) of The Children's Homes Regulations (Northern Ireland) 2005. This includes:
  - Staff have the requisite skills, experience and qualities to undertake their duties
  - Staff are able to meet the needs of children with disabilities and/or complex needs
  - There are always sufficient numbers of staff available to meet the needs of young people in the home
- There are robust human resource policies and procedures in place
- There is a staff rota that has time scheduled for handover and which includes planning for working with young people
- A record of staff rota's for the previous 12 months is maintained
- Staff demonstrate compliance with NISCC codes of practice and post training requirements

#### Recruitment and Selection

- There is a written policy and procedure for staff recruitment
- Staff personnel files are in keeping with 25 (3) Schedule 2
- Enhanced Access NI 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 referred to the appropriate agencies for investigation in accordance with written policies and procedures
- Written records are created and available in respect of any investigation including outcomes and subsequent action taken by staff. A register of all untoward incidents and associated action plans is maintained at the home. There is evidence of joint working with PSNI and relevant agencies to underpin the safety and welfare of young people
- Co-operating to Safeguard Children and Young People in Northern Ireland, 2016 and Area Child Protection Committees' Regional Policy and Procedures, 2005 are available at the home
- Safeguarding issues are addressed and recorded as a key component of supervision
- There is a strategy in place for the prevention of bullying and written policies and procedures for countering any incidents of bullying as they occur
- Children and young people are empowered to understand cyber bullying and what to do if they are subjected to it
- 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
- Investigations into allegations or suspicions of harm are handled fairly, consistently and quickly in a way which safeguards children and young people and the person making the allegation whilst the same time appropriately supporting the staff member who is the subject of the allegation.
- Young people who go missing are provided with care and support upon their return. This may include medical attention
- Police involvement is kept to a minimum.
- Staff are observed to be helping young people to stay safe

**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**

- Risk assessments, safety plans and individual crisis management plans are completed, regularly reviewed and updated where required
- Intervention and support is sought from a range of professional agencies including community based mental health teams and medical services
- Arrangements are in place in respect of care and control, namely effective behaviour management, discipline and restraint. This will include:
  - That staff within the home use a proportionate and individually assessed approach to discipline rather than having blanket bans or sanctions applied
  - That staff within the home use a proportionate and consistent approach in managing behaviour which is explained to and understood by young people and staff
  - That any use of restraint or restriction on movement as part of managing behaviour takes place in line with Volume 4 of the Children Order Guidance and Regulations
- Team meetings clearly evidence discussions about risk assessments and strategies to support young people
- The annual quality review report is completed and available

**Indicator S4**

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

**Examples of Evidence****Environment**

- There are no obvious hazards to young people's health and safety
- The physical environment of the home is maintained to ensure that it provides a warm, safe and comfortable living space (observation and walk around)
- The home complies with The Children's Homes Regulations (Northern Ireland) 2005, Regulations 22 and 31
- There is information, training, support and monitoring of staff in respect of the environment for example fire safety, relevant risk assessments are in place and action is taken to manage risks.
- Fire-fighting equipment complies with HTM 84
- There is information, training, support and monitoring of staff in respect of safe and healthy work practices for example smoking, first aid and health promotion. Relevant risk assessments are in place and action is taken to manage risk
- There is a CCTV policy in place including secure access arrangements

# 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

- An up to date case file is maintained for each young person accommodated in the home. This is comprehensive and includes relevant and current information about the young person's background, adverse childhood experiences and current behaviours associated with emotional trauma
- The young person's needs have been assessed including, where necessary by a multi-disciplinary team
- Care planning and care records are available as appropriate
- There are systems in place to ensure the transfer of information from field work teams to the home in a timely manner to assist the staff prepare for young people being admitted
- Recordings are in line with professional practice and in accordance with NISCC 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

- Looked After Child (LAC) review meetings are held within timescales to agree young people's care plans
- The meetings evaluate outcomes for the young person and plan future progress in a realistic and achievable manner
- Management systems are in place to identify and redress failures to meet standards and guidance in respect of the care being delivered
- Monitoring and review mechanisms are in place and are effective
- Staff members have been trained in how to understand and respond to young people who have complex and challenging needs. Intervention takes place on a planned basis and is responsive to young people's needs rather than reactive to their behaviours.
- There is a meaningful advocacy/participation strategy in place

## 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/concerns
- Staff meetings are held on a regular basis and minutes are retained
- Staff can communicate effectively with young people and other key stakeholders including schools
- 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**

- Staff can demonstrate how confidentiality is maintained in the home
- Discussion with staff and observation of interactions demonstrate young people are treated with dignity and respect
- The ethos of the home focuses on care and reinforcement of good behaviour rather than control or sanctions
- Young people's rights are upheld and staff members operate from a clear professional value base
- The home 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 young people
- Young people know how to contact helpline services
- There is evidence of staff training/awareness of a rights based approach to care delivery
- Semi- structured interviews with young people

## **Indicator C2**

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

### **Examples of Evidence**

- Young people feel they are valued and their views have been taken into account and used to inform decisions
- Where young people have specialist communication requirements and need assistance to communicate this is assessed and facilitated
- The views of significant others are 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 young people's concerns and 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**

- RQIA questionnaires for young people and staff support the view that compassionate care is in place
- Young people are actively supported to participate and be involved in planning their lives. There are regular and meaningful feedback meetings. Issues raised are responded to by staff
- There are regular young people's meetings where young people have the opportunity to raise issues and concerns and have these discussed and considered
- Young people are encouraged to approach any member of staff with their personal 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
- Arrangements are in place to review risk assessments (e.g. legionella, fire, HTM 01-05 Infection prevention society audit, COSHH)

### **Complaints**

- The home 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**

- 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 managing relevant alerts
- 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 practice
- 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
- Young people are aware of the roles of staff and who to speak with if they need advice or have issues/concerns
- The provider is kept informed regarding concerns related to the day to day running of the home
- 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**

- The statement of purpose and children's guide are kept under review, revised when necessary and updated
- There are arrangements in place to monitor, audit and review the quality of care delivered in the home
- There are clear and documented systems in place for the management of records in accordance with legislative requirements and regional guidance for records management
- Registered person/s respond promptly and appropriately to regulatory matters (e.g. notifications, reports/QIPs, enforcement)
- RQIA certificate of registration is on display and reflective of current service provision

**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
- Arrangements are in place for staff to access their line manager
- There are arrangements in place to support staff (e.g. staff meetings, appraisal and supervision)
- Discussion with staff confirmed that there are good working relationships and that management are responsive to suggestions/concerns
- There are arrangements in place to effectively address staff suggestions/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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