



RQIA Provider Guidance 2022-2023

Adult Placement Agencies

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Assurance, Challenge and Improvement in Health and Social Care

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 the people supported; and inform the public through the publication of our reports. RQIA has three main areas of work:

- register and inspect a wide range of independent and statutory health and social care services
- 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
- 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 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 peoples' rights. Those supported have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

How We Will Inspect

We will inspect every Adult Placement Agency at least once every year from April 2022 to March 2023. Our inspectors are most likely to carry out announced inspections with agreed preparation dates. This allows RQIA to effectively contact adult placement carers and those supported or to meet them during inspections.

When we inspect an Adult Placement Agency, we aim to:

- seek the views of those supported and/or their representatives. In some cases we will do this before our inspection
- 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 Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Adult Placement Agencies Regulations (Northern Ireland) 2007
- Draft minimum standards for adult placement agencies which 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

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 occasion, include particular themes.

Avoiding and preventing harm to people supported 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 with those supported in such numbers as are appropriate for their health and welfare.

Examples of Evidence

- There is a written policy and procedure for carer recruitment and induction
- Pre-approval checks are undertaken and written confirmation of this is provided by the Registered Person in accordance with Regulation 8 and Standard 12.1
- The agency provides all carers with a carer's agreement
- The agency has a structured carer's induction programme and written records are maintained
- A system is in place to ensure that staff/carers receive supervision and/or appraisal in accordance with the required standard and records are retained
- 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 those supported and in ensuring that service provision promotes the rights of people
- 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 those supported
- There is a policy and procedure in place that the agency has undertaken checks (AccessNI, references) prior to direct engagement with those supported.

Indicator S2

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

Examples of Evidence

- The agency's policies and procedures are in line with the regional policy 'Adult Safeguarding Prevention and Protection in Partnership' (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 carer/staff induction and updated as necessary in line with policy and procedure. The content of this 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
- There is an identified Adult Safeguarding Champion
- The annual Adult Safeguarding Position Report is completed and available for review
- The regional operational safeguarding procedures are adhered to
- 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

- Staff/carers are knowledgeable about safeguarding and 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
- There is a whistleblowing policy and procedure and carers are aware of this
- Care planning and service provision are undertaken with a focus on the rights of those supported
- Carers are knowledgeable about the human rights of those supported and are aware of the potential impact of any restrictive practices
- There are arrangements in place that highlight any Serious Adverse Incidents (SAIs) and Significant Event Analysis (SEA) reports and Early Alerts (EAs) in line with the SPPG Procedure for the Reporting and Follow up.

Indicator S3

There are systems in place to ensure that unnecessary risks to the health, welfare or safety of those supported 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 and restrictive practice
- Notifiable events, when appropriate, are reported to RQIA and other relevant organisations
- Care plans and risk assessments include the views of those supported and where possible, their understanding of risks, the choices provided regarding care provision and the right to decline elements of the care proposed
- There is evidence in place that staff have completed appropriate Deprivation of Liberty Safeguards (DoLS) training and any other training deemed appropriate to their job roles. All staff have completed training at Level 2 and staff with overseeing responsibility at Level 3 or above
- Deprivation of Liberty Safeguards (DoLS) arrangements are in place for existing and future people supported (if applicable)
- Where those supported are experiencing a deprivation of liberty, the care records contain details of assessments completed and agreed outcomes developed in conjunction with the HSCT representative
- Carers must record what equipment is used if two or more types of equipment are in the carer's home (if applicable)
- The agency must ensure that all carers are trained and deemed competent and capable if specialised equipment is required for those supported.

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 their Statement of Purpose.

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 in accordance with the Data Protection Act (DPA) and General Data Protection Regulations (GDPR)

- 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 those supported/trust representatives 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
- Staff are trained in Dysphagia and/or Swallowing Awareness and records of this maintained
- The care plan includes all relevant assessed risks and notes, when relevant, Dysphagia needs and swallowing awareness
- The agency must ensure that a copy of the Speech and Language Therapy (SALT) assessment including the recommendations are contained in the person supported file
- The agency can demonstrate a good knowledge of the wishes of the person supported, preferences and assessed needs as identified within their care plans and associated SALT dietary requirements
- The agency will advise the adult placement carer in writing of any changes to those supported assessment and care plan
- Those supported are informed of referral, matching and introduction to adult placement carers
- The communication needs of those supported have been assessed and where appropriate, communication support plans put in place
- Those supported 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 people supported 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 those supported
- 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
- Those supported 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 people supported, staff and other key stakeholders.

Examples of Evidence

- People supported and their representatives are aware of who to contact if they want advice or have any issues/concerns
- The agency maintains a record of carer placement monitoring
- The agency maintains a record of any comments made by those supported
- 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 those supported with specific communication needs are sought
- The people supported care plans contain details about likes and dislikes and the level of support they

require.

People supported 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 those supported.

Examples of Evidence

- Carers are aware of the agency's policy and procedure on confidentiality and can demonstrate how this is implemented
- Those supported are consulted with in relation to the confidentiality of their personal information
- Carers have received human rights training or guidance
- There are arrangements in place to ensure that restrictive practices are kept under regular review
- The autonomy of those supported is respected and they are encouraged to exercise choice and control over all aspects of their care planning
- Consultation with carers/staff/those supported shows that those who use the service are treated with dignity and respect
- Those supported are aware that they can make choices regarding their placement and activities
- The agency can demonstrate that the views, capacity and consent of those supported have been taken into account.

Indicator C2

People supported 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 those supported to make informed decisions
- The views of those supported are used to improve the quality of service provision
- Results are collated to provide a summary report which is made available to those supported and their representatives
- An action plan is developed to inform and improve services provided.

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

Indicator L1

There are management and governance systems in place to meet the needs of those supported.

Examples of Evidence

- There are policies and procedures in place which are reviewed at least every three years
- Carers can easily access policies and procedures
- Governance arrangements effectively support the identification and management of risks
- A complaints policy and procedure is maintained in accordance with legislation, DHSSPS Standards and regional guidance

- There are arrangements in place to support those supported to make a complaint
- 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
- Carers know how to receive and manage complaints
- Arrangements are in place to audit complaints, 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.

Indicator L2

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

Examples of evidence

- The Statement of Purpose and person supported 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
- Any absence of the registered manager of more than 28 days is notified to RQIA, and arrangements for managing the APA in the absence of the registered manager are approved by RQIA.

Indicator L3

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
- There is evidence of a systematic approach to the review of available data and information, in order to make changes that improve quality.

Indicator L4

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 role 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
- Those supported 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 arrangements in place to ensure that carer behaviour and conduct is in accordance with organisational policies and procedures, values standards and legislation.

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
- Arrangements are in place for carers to access their social worker
- Discussion with carers confirms that there are good working relationships and that management are responsive to suggestions/concerns.

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.



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