



RQIA Provider Guidance 2019-20

Domiciliary Care Agencies

www.rqia.org.uk

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 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 body, we 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 domiciliary care 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 domiciliary care services 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.

The Four Domains: Stakeholder Outcomes



How We Will Inspect

We will inspect every domiciliary care agency at least once every year from April 2019 to March 2020. Our inspectors are most likely to carry out unannounced inspections, however from time to time we need to give some notice of our 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 a domiciliary care agency, we aim to:

- review previous inspection outcomes and any information we have received about the service since the previous inspection
- 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 managerial and other staff on the day of the inspection
- 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 person in charge 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Domiciliary Care Agencies Minimum Standards (2011)

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 staff recruitment and induction
- Pre-employment checks are undertaken and written confirmation of this is provided by the registered person in accordance with Regulation 13 and Schedule 3 and Standard 11.
- The agency has a structured induction programme lasting at least three days
- The agency has a procedure in place for the induction of staff for short notice/ emergency arrangements
- There are sufficient numbers of staff in various roles deployed to meet the needs of service users and in ensuring that service provision promotes the rights of service users
- A system is in place to ensure that staff receive supervision and appraisal and records are retained
- A system is in place to ensure all staff receive appropriate training to fulfil the duties of their role
- A system is in place to ensure that where appropriate, all staff are registered with the Northern Ireland Social Care Council (NISCC) and that registration of each staff member is maintained
- A system is in place to review staff mandatory training and update training as required
- A system is in place to identify and provide any additional staff 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 agency has an Adult Safeguarding Champion
- The agency's safeguarding position report is available for review during the inspection
- There are arrangements in place to embed the regional operational safeguarding procedures
- Staff and where appropriate, service users are knowledgeable about safeguarding
- Staff are aware of their obligations in relation to raising concerns about poor practice and there are arrangements in place for staff to raise concerns within and out of hours
- Safeguarding training is provided during 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

- Staff 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

- Referral arrangements and care/support plans include relevant risk assessments
- 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, 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 to the agency's commitment to promoting the human rights of service users
- Referral arrangements take account of any assessed needs or risks which require the implementation of restrictive practices
- Referral arrangements are in place to ensure that detailed assessments of needs are obtained in advance of service delivery alongside relevant information about service user specific conditions, needs, risk
- The care plan is developed in consultation with service users and or their representatives/trust professionals.
- 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 in the homes of service users

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 seeks feedback from service users/representatives on their views on the quality of care and support provided by the agency
- Service users and or their representatives can describe how the agency seeks and values their views
- Service users are advised of and supported to avail of advocacy services
- Agency reviews take place in line with the agency's policy timeframes
- The agency monitors all aspects of service provision to ensure that any quality issues arising are addressed promptly
- The agency has in place robust arrangements for identifying and managing service failures in a timely manner including missed or late calls

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

- Staff meetings records
- Service user/Tenant meetings records
- Agency staff communicate effectively with service users, families and trust professionals when there are quality issues arising (including missed or late calls)
- Staff are knowledgeable in respect of service users with specific communication needs and receive training specific to meet these needs
- 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

- Staff are aware of the agency's policy and procedure on confidentiality and staff can demonstrate how this is implemented
- Service users are consulted with in relation to the confidentiality of their personal information
- Discussion with staff and observation of interactions demonstrate that service users are treated with dignity and respect and staff can demonstrate how consent is obtained
- Staff have received human rights training or guidance
- The agency has an ongoing process in place to ascertain and respond appropriately to the views of service users and/or their representatives with regard to equality and diversity
- 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 promoting fairness and involving service users to make informed decisions about all aspects of their care
- There are arrangements for providing information in alternative formats
- 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

- RQIA staff/service user/representative questionnaire responses
- Monthly Quality monitoring
- Complaints
- Service user meetings
- Stakeholder engagement
- Annual quality review of 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 staff
- 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
- Staff know how to receive and deal with complaints
- There are arrangements in place to support service users to make a complaint or when a complaint has been made
- 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
- Agency staff are aware of equality legislation and recognise and respond to the diverse needs of service users
- The agency collects equality data on service users
- Staff are trained to effectively engage with the diverse range of service users
- The agency manages and monitors equality issues raised by service users or their representatives as required.

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 staff supervision, appraisal and performance management
- 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
- Staff registered with professional bodies are encouraged to avail of relevant online resources and workforce development opportunities

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 staff

- Staff are aware of their roles and responsibilities and actions to be taken should they have a concern
- The registered person/s have an understanding of their roles and responsibilities under legislation
- Service users are made aware of the roles of 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 staff behaviour and conduct is in accordance with organisational policies and procedures, values and relevant professional standards

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, NISCC
- Communication with and referrals to other agencies are undertaken in a timely manner
- 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 & supervision)
- Discussion with staff confirms that there are good working relationships and that management are responsive to suggestions/concerns
- There are arrangements for management to effectively address staff 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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