



RQIA Provider Guidance 2022-23

Domiciliary Care Agencies

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:

- to register and inspect a wide range of independent and statutory health and social care services
- to 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
- to 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 a duty 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 seek 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 individual choices and freedoms associated with any person living in their own home.

How we will inspect

We will inspect every domiciliary care agency at least once every year from April 2022 to March 2023. Our inspectors are most likely to carry out unannounced inspections, however from time to time we need to give some notice of our inspections. We will also undertake a range of inspections including remote, blended and onsite inspections.

When we inspect a domiciliary care agency, we aim to:

- 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
- communicate with trust commissioners and professionals, where appropriate
- review 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

- 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
- provide an easy read report when appropriate or requested.

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 (revised August 2021)

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 service users from the care, treatment and support that is intended to help them.

Indicator 1

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 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 11 of the Domiciliary Care Agencies Minimum Standards
- The agency has a structured induction programme lasting at least three days, including the Northern Ireland Social Care Council (NISCC) Induction Standards
- The agency has a procedure in place for induction of staff for short notice/emergency arrangements
- There are sufficient numbers of staff in various roles to meet the needs 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 all staff are registered with the NISCC and that registration of each staff member is maintained and kept under review
- A system is in place to review staff mandatory training and update training as required
- A system is in place to monitor alerts issued by the Chief Nursing Officer (CNO) for Northern Ireland
- A system is in place to identify and provide any additional training needed to meet the requirements of service users
- There is a policy and procedure in place in relation to volunteers. The agency to have undertaken checks (AccessNI, references) on volunteers prior to direct engagement with service users
- The agency to have written records of the training and induction of all volunteers

- The agency to have a clear job description of the role of volunteers. Volunteers are not to undertake any personal care duties.

Indicator 2

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
- Safeguarding training is provided during induction and updated as necessary in line with policy and procedures
- Content of the Safeguarding training includes – Physical, Sexual, Psychological, Financial, Institutional, Neglect, Exploitation, Domestic Violence, Human Trafficking and Hate Crime are additional types of abuse
- There is an identified the Adult Safeguarding Champion (ASC)
- The annual adult safeguarding position report is completed and available for review (excluding Trusts)
- The regional operational safeguarding procedures are adhered to
- The agency has a whistleblowing policy and procedure
- Staff are knowledgeable about safeguarding and are aware of their obligations in relation to raising concerns about poor practice and are aware of the whistleblowing policy and procedure
- 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
- There are arrangements in place for service users to raise concerns within and out of hours
- Where shortcomings are highlighted as a result of an investigation, additional identified safeguards are put in place
- There are arrangements in place that highlight any Serious Adverse Incidents (SAI) and Significant Event Analysis (SEA) reports and Early Alerts in line with the Strategic Planning and Performance Group (SPPG) Procedure for the Reporting and Follow up.

Indicator 3

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

- Notifiable events when appropriate are reported to RQIA and other relevant organisations
- The agency must keep a record of any referrals made to the NISCC/Nursing and Midwifery Council (NMC)
- The agency has systems in place to monitor the performance of nursing staff
- Care plans and risk assessments include the views of the patients and where possible, their understanding of risks, the choices provided regarding care provision and the right to decline elements of the care proposed (private patients)
- 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 service users
- Referral arrangements and care/support plans include relevant risk assessments for all areas including restraint or restrictive practice
- There is evidence in place that staff have completed appropriate DoLS training appropriate to their job roles. All staff have completed training at Level 2 and staff with overseeing responsibility at level 3
- There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance
- There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and where appropriate assessed
- Where a service user is experiencing a deprivation of liberty, the care records contain details of assessments completed and agreed outcomes developed in conjunction with the HSC representative.

Specific to Supported living Services where a service user is deemed to lack capacity:

- There are robust policies, procedures and records with regard to the safe and secure handling (receiving, holding, and spending) of service users' money and valuables
- There is evidence of considered decision making about how money is being spent
- There is a record of each service user's property (where appropriate) and valuables (on deposit with the agency)
- Decisions made in line with; principle of equality of opportunity with those not lacking capacity, best interests, regard for personal preferences and protection from unwarranted losses (e.g. safe place to store valuables, adherence to policies and procedures, financial planning)
- Where monies in excess of £20K (money and valuables) consent should be sought from RQIA and a record of consent retained.

Indicator 4

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.

The right care, at the right time in the right place with the best outcome.

Indicator 1

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 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 practices
- The care plan is developed in consultation with service users and/or their representatives/trust representatives
- The care plan includes all relevant assessed risks that include, when relevant, Dysphagia needs
- The agency can demonstrated a good knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans and associated Speech and Language Therapy (SALT) dietary requirements
- The agency must ensure that a copy of the SALT assessment including the recommendations are contained in the services users' files
- 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 communication needs of service users have been assessed and where appropriate communication support plans put in place
- There is a policy and procedure on enteral feeding
- Staff are trained on enteral feeding, where applicable, and assessed as competent and capable. A record of training is to be retained
- Service users' care plans and risk assessments have been updated to reflect if enteral feeding is required
- There is evidence of consultation with the dietician regarding enteral feeding
- Staff are trained and deemed competent and capable if specialised equipment is required for service users. A record of training must be retained
- There is robust managerial oversight of the risk assessment and care plan for service users who require the use of specialised equipment
- Staff must record what equipment is used if two or more types of equipment are in the service user's home
- The agency must ensure they have a robust system to record any medication errors. Staff are to be trained in administering medication and written records maintained
- The medication policy must include the use of oral syringes

Indicator 2

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

- The agency has systems in place to seek, record, monitor and retain service users' comments regarding the quality of care provided by the agency
- The agency has arrangements in place to complete regular audits and review of service provision. This should be informed by a policy and procedure on quality assurance
- The registered person must ensure the quality of services is monitored and a report is prepared on a monthly basis
- The agency has in place robust arrangements for identifying and managing service failures in a timely manner (private service users)
- The quality of service provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.

Indicator 3

There are robust systems in place to promote effective communication between service users, staff and other key stakeholders.

Examples of evidence

- Staff communicate effectively with service users, families and trust professionals when there are quality issues arising
- Service users and their representatives are aware of who to contact if they want advice or have any issues/concerns
- Staff meeting records, Service user/Tenant meeting records (in Supported Living Services) are all maintained and made available.

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Indicator 1

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
- There are arrangements in place to ensure that restrictive practices are kept under regular review
- 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 capacity and consent of those supported has been taken into account
- Staff have received Human Rights training or guidance.

Indicator 2

Service users 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 service users to make informed decisions
- There are arrangements for providing information in alternative formats
- There is a system in place to ascertain and take into account the service users' wishes and feelings
- The views of service users are used to improve the quality of service provision
- RQIA staff/service user/representative questionnaire responses evidence that care is delivered by the agency.

There is 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

Indicator 1

There are management and governance systems in place to meet the needs of service users.

Examples of evidence

- There are policies and procedures in place which are reviewed at least every three years
- Staff 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 service users 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.
- Staff know how to receive and manage complaints
- Appropriate governance systems 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
- There is an accurate alphabetical index of service users, including the full name, address and telephone number; for service users, a unique identifier should be assigned
- There is an accurate alphabetical index of staff supplied or available for supply by the agency.

Indicator 2

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.
- The Registered Person must ensure they have Employer's and Public Liability Insurance (excluding Trusts)
- Any absence of the registered manager of more than 28 days is notified to RQIA, and arrangements for managing the Domiciliary Care Agency in the absence of the registered manager are approved by RQIA.

Indicator 3

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
- Staff are provided with supervision, appraisal and performance management, where necessary

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

Indicator 4

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 the 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, standards and legislation.

Indicator 5

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, NMC etc
- Arrangements are in place for staff to access their line manager.
- Discussion with staff confirms that there are good working relationships and that management are responsive to suggestions/concerns.
- There are arrangements in place to ensure that staff are registered as appropriate with the relevant regulatory body, NISCC and NMC registration is maintained and reviewed by management.

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 either no requirements or recommendations result 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 were reviewed by 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.



The Regulation and Quality Improvement Authority

RQIA, 1st Floor
James House
Gasworks
2 – 4 Cromac Avenue
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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