RQIA Provider Guidance 2016-17

Young Adult

Supported Accommodation Projects

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

Is care safe?

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

Is care effective?

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

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.

Is Care Compassionate?

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

RQIA Provider Guidance 2016-17 Template

How we will inspect

We will inspect young adult supported accommodation services at least annually. Our inspectors are most likely to carry out an unannounced 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 young adult supported accommodation, we aim to:

- Seek the views of the people who use the service, or their representatives
- Talk to the management and other staff 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 HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Children (Leaving Care) Regulations (Northern Ireland) 2005
- The Children (Northern Ireland) Order (1995)
- The Department of Health, Social Services and Public Safety's (DHSSPS) Standards for Young Adult Supported Accommodation Projects in Northern Ireland (2012)

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
- Regular supervision is in place for all staff including ancillary and support staff and students. This includes monitoring of adherence to professional codes of practice
- An annual training programme is in operation which includes safeguarding and other core practice issues such as child sexual exploitation
    - 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 project
    - There is a record of rota's in place which confirms that sufficient staff are on duty
- Staff demonstrate compliance with professional codes of practice and post training requirements

Recruitment and Selection
- There is a written policy and procedure for staff recruitment
- 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 and records of action and outcomes are maintained
- The Area Child Protection Committee regional child protection policies and procedures are available at the project
- There is a child protection policy and safeguarding statement to meet the needs of the project
- A designated safeguarding officer is in place
- 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 and 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
- Written records are created and available in respect of any investigation including outcomes and subsequent action taken by the project. A register of all untoward incidents and associated action plans is maintained at the project. There is evidence of joint working with PSNI and relevant agencies to underpin the safety and welfare of young people
- Young people who go missing are provided with care and support upon their return. This may include medical attention
- Observation of staff practice by inspectors

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 and support plans are completed and regularly reviewed in partnership with the young person
- Intervention and support is sought from a range of professional agencies including community based mental health teams and medical services
- The staff use a proportionate and consistent approach in managing challenging behaviour which is explained to and understood by the young people
- The team meetings clearly evidence discussions about risk assessments and strategies to support young people

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 the health and safety of young people
- The physical environment of the project is maintained to ensure that it provides a warm, safe and comfortable living space
- 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
- 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 project. This is comprehensive and includes information about the young person's background, adverse childhood experiences and current behaviours associated with emotional trauma
- There is evidence of the trust and the project working in a co-operative and collaborative manner
- Care planning and care records are available as appropriate
- There are systems in place to ensure the transfer of information to the project in a timely manner to assist the staff prepare for admissions
- Recordings are in line with professional 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

- Project support and review meetings and Looking After Children/pathway review meetings are held within timescales to agree young people's care plans, to evaluate outcomes and plot future progress
- Management systems are in place to identify and redress any failures to meet standards and guidance
- Monitoring and review mechanisms are in place
- Staff 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 or concerns
- Staff meetings are held on a regular basis and minutes are retained
- Staff can communicate effectively with young people and other key stakeholders
- 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
- The ethos of the project focuses on care and reinforcement of good behaviour rather than control or sanctions
- Observation of staff interaction and engagement with young people highlights that:
    - the project 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 are treated with dignity and respect
- The 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 is sought and considered as part of the support 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 and issues raised are responded to by staff
- 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 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

Governance Arrangements
- The provider monitors the quality of services and there are arrangements in place to audit and review the quality of care and support provided
- 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 project has a complaints policy and procedure in accordance with the relevant legislation and DHSSPS guidance on complaints handling
- Staff know how to receive and deal with complaints
- There are clear arrangements for the management of 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 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 project
- 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 project
- 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 young person's guide are kept under review, revised when necessary and updated
- The manager responds in a timely manner to matters raised during the inspection (e.g. reports, quality improvement plans, escalation to Health and Social Care Board)

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
- Discussion with staff confirm that there are good working relationships and that management are responsive to suggestions/concerns
- There are arrangements in place to support staff (e.g. staff meetings, appraisal and supervision)
- 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 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 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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