



# RQIA Provider Guidance 2016-17

## Premises Inspections

[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 every nursing home, residential care home, children's home, day care setting at least once every three years and every independent hospital and hospice every year. We will have carried out one premises inspection to every independent clinic and private dental practice over the next five years. Our estates inspectors are most likely to carry out announced inspections, however from time to time we may carry out unannounced inspections when we deem this to be necessary.

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 regulated establishment, we aim to:

- seek the views of the people who use the service, or their representatives. In some cases we will do this before our inspection visit
- talk to the managerial and other staff on the day of the inspection
- examine a range of premises related records,
- review the premises both internally and externally accessing all areas as reasonably practical and where permitted by service users
- 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 Nursing Homes Regulations (Northern Ireland) 2005
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Children's Homes Regulations (Northern Ireland) 2005
- The Independent Health Care Regulations (Northern Ireland) 2005
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Residential Family Centres Regulations (Northern Ireland) 2007
- Care Standards for Nursing Homes April 2015
- Minimum Standards for Residential Care Homes 2008
- Minimum Standards for Dental Care and Treatment March 2011
- Minimum Standards for Residential Family Centres April 2011
- Minimum Standards for Day Care Settings January 2012
- Minimum Standards for Children's Homes April 2014
- Minimum Standards for Independent Health Care Establishments July 2014.
- British Standards issued by the British Standards Institute
- Health Technical Memoranda issued by DHSSPS
- Health Building Notes issued by DHSSPS
- Relevant guidance documents issued by DHSSPS
- Relevant approved Codes of Practice issued by Health and Safety Executive
- Relevant guidance documents issued by Health and Safety Executive

# 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. The examples of evidence are generic and may not be relevant in all service types:

## 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 are competent and adequately trained In-house staff and outside contractors in place to safely effect the management and upkeep of the premises and engineering services
- There are adequate arrangements in place to provide staff with information, instruction and training in relation to fire safety
- Practice fire drills are carried out

### Indicator S2

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

### Examples of Evidence

- There is a fire policy in place
- There is an emergency fire plan in place
- All bedroom doors are self-closing in line with NIFRS guidance. There are appropriate hold open devices linked to the fire detection and alarm system where this has been identified as required through a needs assessment
- The premises have appropriate physical security measures in place

**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**

- There is a fire risk assessment in place and action plan in place to address issues identified for attention
- Note: In establishments providing residential or nursing care, risk assessor competency is in accordance with the guidance from RQIA in relation to the competency of fire risk assessors i.e. inclusion on recognised professional body register or certified third party register
- There is a current legionella bacteria risk assessment in place and an action plan to address issues identified for attention
- The control measures identified in the legionella risk assessment are in place
- There are suitable hot water controls in place and risk assessment where appropriate
- There is a risk assessment in relation to hot surfaces where appropriate
- No obvious safety hazards were identified either internally or externally
- There are facilities for service users who smoke
- There is a risk assessment in relation to window openings where appropriate

**Indicator S4**

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

**Examples of Evidence**

- Physical fire protection measures where provided are maintained in accordance with relevant standards
- Fire alarm system (BS5839)
- Emergency lighting system (BS5266)
- First aid fire-fighting equipment (BS5306)
- Fire doors and emergency exit doors
  - Regular checks regime
  - BS7273 where powered devices provided to doors
- General good fire safety housekeeping is evident
- Engineering services and equipment where provided are maintained in line with current standards and good practice including:
  - Emergency standby generator (BS5839)
  - Fixed wiring installation (BS7671)
  - Electrical equipment (HSG107)
  - Gas installation (L56)
  - Gas equipment (L56)
  - Lifting equipment (LOLER)
  - Patient hoists (LOLER)
  - Thermostatic mixing valves (L8, HSG 274)
  - Automatic washer disinfectors (HTM 2030)
- Staff call system

# 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

- There are arrangements in place for routine premises management and upkeep
- There are arrangements in place for timely breakdown/repair maintenance

## 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

- There are monitoring and review mechanisms for premises upkeep arrangements
- Oversight by registered person of maintenance procedures

## 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 are involved where appropriate in decisions around the upkeep of the premises
- Maintenance personnel and specialist contractors are aware of and mindful of service user needs and maintenance/estates activities are managed accordingly

# 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**

- Premises are comfortable, reasonably decorated, odour free, adequately lit
- There are appropriate arrangements for both access and egress which respect the dignity and take account of the liberty of service users
- Where registered for DE category and where appropriate, there has been a recognised dementia premises/environment audit carried out (e.g. Stirling University) and this has been used to inform the registered person accordingly

## **Indicator C2**

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

### **Examples of Evidence**

- Service users are consulted about decisions around décor and the private accommodation where appropriate

## **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**

- Service users are involved where appropriate in decisions involving premises upkeep, e.g. temperature/comfort, decoration etc.
- Feedback from service users sought by inspector



# 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**

- There is evidence that premises related policies and procedures are reviewed at appropriate frequencies
- Premises related policies and documentation are retained in a manner which is accessible to relevant people

## **Indicator L2**

There are management and governance systems in place that drive quality improvement.

### **Examples of Evidence**

- Arrangements are in place for managing premises related incidents/notifiable events
- Audits of premises related incidents are undertaken and learning, outcomes are identified and disseminated appropriately
- There are arrangements in place for management of Medical Device and Equipment Alerts and liaison with the Northern Ireland Adverse Incident Centre where appropriate

## **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**

- Registered person(s) and staff demonstrate awareness of their roles, responsibilities and accountabilities around the management and upkeep of the premises and engineering services

## **Indicator L4**

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

### **Examples of Evidence**

- The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises (e.g. incidents and engineering services and equipment defects and breakdowns) and has been adequately supported and resourced by the Registered Responsible Person
- Where applicable the registered person has responded appropriately to premises related serious concerns and enforcement action
- RQIA certificate of registration is on display

**Indicator L5**

There are effective working relationships with internal and external stakeholders.

**Examples of Evidence**

- There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate, Local Council Food Hygiene/Health and Safety, NIFRS, Health & Safety Executive

# 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.

Once the inspection report is finalised and agreed as factually accurate, it will be made public on RQIA's website.



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