



RQIA Provider Guidance 2016-17

Nursing Homes

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 at least twice per year. Our inspectors are most likely to carry out unannounced inspections, however from time to time we may 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 nursing home, 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:

- Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.
- The Nursing Homes Regulations (Northern Ireland) 2005
- Care Standards for Nursing Homes - April 2015
- DHSSPS Adult Safeguarding Prevention and Protection in Partnership July 2015
- NICE guidelines
- NMC and NISCC Best Practice Guidance
- The Human Rights Act 1998

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

- Duty rotas demonstrate that there are sufficient numbers of staff in various roles to fulfil the needs of the service users
- There is an induction programme in place appropriate to specific roles
- A system is in place to ensure staff receive regular supervision and annual appraisal. Records are retained
- Records of competency and capability assessments are maintained for staff as required
- Records of competency and capability of registered nurses who carry responsibility for the home in the absence of the registered manager are retained
- The registered nurse in charge of the home is clearly identified on the duty rota
- A system is in place to ensure all staff receive appropriate mandatory and additional training to enable them to fulfil the duties of their role
- There are arrangements for monitoring the NMC / NISCC registration status of all staff
- Observation of delivery of care, deployment of staff and appropriate use of equipment.

Recruitment and Selection

- Staff recruitment is well maintained in line with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015
- Enhanced AccessNI checks are sought, received and examined prior to new staff commencing work; certificate numbers retained
- Staff personnel files are maintained in keeping with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015
- There is a written policy and procedure for staff recruitment reflective of Northern Ireland legislation.

Indicator S2

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

Examples of Evidence

- Staff are knowledgeable about and have a good understanding of safeguarding
- Policies and procedures are in place to include the definitions of abuse, types and indicators of abuse, onward referral arrangements including contact information and documentation
- The home has established a senior person in the role of a safeguarding champion
- Safeguarding refresher training is provided as required
- Staff are aware of the new regional guidance issued July 2015 titled 'Adult Safeguarding Prevention and Protection in Partnership'.

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

- Service user risk assessments are undertaken, reviewed and updated on a regular basis
- Service user specific equipment such as bed rails, specialised chairs, commodes and safe moving and handling equipment is available / well maintained, regularly serviced and decontaminated between use
- Restrictive practice is appropriately minimised, assessed, recorded and reviewed with involvement of the multi professional team as required. Records are retained appropriately
- Accident / incidents are appropriately recorded and reported
- Notifiable events are appropriately reported to RQIA.

Indicator S4

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

Examples of Evidence

- The home is clean, clutter free and warm
- The home is free from malodours
- There are no obvious hazards to the health and safety of service users and staff both internally or within the grounds of the home
- Fire safety best practice guidance is adhered to at all times.

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

- Service user assessments of need are completed, recorded, reviewed, updated and retained
- Risk assessments are completed, and undergo regular review
- Care plans are developed, reviewed and updated in consultation with service users / representatives, taking account of the outcome of risk assessments.
- 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
- Records are securely stored – electronic/hard copy.

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

- Comprehensive patient care records are available and demonstrate that reassessments are undertaken as required
- Daily progress records reflect the care delivered and are maintained in line with professional guidance and DHSSPS Care Standards for Nursing Homes 2015
- There are review mechanisms established with multi professional teams
- Service user and / or their representative involvement is demonstrated in the care planning process
- Advocacy services are available as required
- Clinical audits are undertaken routinely and actions identified for improvement are implemented into practice.

Indicator E3

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

Examples of Evidence

- Shift handover meetings are provided for all registered nursing and care staff
- Staff meetings are maintained in line with DHSSPS Care Standards for Nursing Homes 2015
- Service user / carer meetings are regularly maintained
- Multi-disciplinary working, professional collaboration is well undertaken
- Arrangements are in place for referral and re referral to the multi professional specialist teams such as speech and language teams, occupational therapy, dieticians and podiatry
- There is an open and transparent culture within the home
- Service users are aware of who to contact if they want advice or have any issues/concerns
- Staff are evidenced to communicate effectively with service users.

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
- Staff can demonstrate how consent is obtained
- Discussion with staff and observation of interactions demonstrate service users are treated with dignity and respect
- Discussion with service users and representatives demonstrates that service users are treated with dignity and respect
- Access to religious / spiritual support is available as required
- There is a policy and procedure on confidentiality.

Indicator C2

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

Examples of Evidence

- Discussions between the inspector, service users / representatives, staff, and professionals confirm that service users are listened to, valued and communicated with in an appropriate manner
- Observations of how staff manages any service user presenting with distressed reactions or behaviours which challenge
- There are arrangements in place for involving and supporting service users to make informed decisions about their care
- There are arrangements for providing information in alternative formats/interpreter services, if applicable.

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 user consultation about the standard and quality of care and environment is carried out at least on an annual basis. (annual quality review)
- Results of consultations / surveys are collated to provide a summary report
- Summary report is made available to service users
- An action plan is developed to inform and improve services provided as appropriate
- RQIA staff and service user questionnaire responses evidence that compassionate care is delivered.

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

Governance Arrangements

- There are arrangements in place for policies and procedures to be reviewed at least every three years
- Policies are centrally indexed and retained in a manner which is easily accessible by staff
- Arrangements are in place to review risk assessments (e.g. legionella, fire, infection prevention and control audit, COSHH)
- A data protection policy and procedure is in place
- A freedom of information publication scheme is in place.

Complaints

- The home has a complaints policy and procedure in accordance with the relevant legislation and DHSSPS guidance on complaints handling
- There are clear arrangements for the management of complaints
- Service users are signposted as to how to make a complaint
- Complaints are investigated and responded to in line with Legislation
- 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
- The complainant is notified of the outcome and action taken
- Complaint records are treated in line with data protection law
- Information from complaints is used to improve the quality of services
- Staff know how to receive and deal with complaints
- Arrangements are in place to audit complaints to identify trends and enhance service provision.

Incidents

- The home has an incident / notifiable events policy and procedure in place which includes reporting arrangements to RQIA
- Incidents / notifiable events are effectively documented and investigated in line with DHSSPS Care Standards for Nursing Homes 2015
- All relevant incidents occurring in the home are reported to RQIA and other relevant organisations in accordance with legislation and local procedures.

Audits

- There are procedures to facilitate audit, including clinical audit such as falls audit, wound audit, infection prevention and control audits; environmental audits and service user satisfaction surveys
- Results of audits are analysed and actions identified for improvement are embedded into practice.

Indicator L2

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

Examples of Evidence**Quality Assurance**

- Medical device alerts, safety bulletins and adverse incident alerts are appropriately reviewed and actioned as required
- Audits of incidents are undertaken, trends and patterns identified and learning, outcomes are identified and disseminated throughout the organisation
- The monthly monitoring report as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 is undertaken, and the report made available for service users, their representatives, staff and Trust representatives.

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 patients and 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 for 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 understanding of their roles and responsibilities under legislation
- Service users are informed of the roles of staff within the home and who to speak with if they want advice or have issues/concerns.

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 and updated as required
- Insurance arrangements are in place - public & employers liability (employers liability must be on display)
- Registered person/s respond to regulatory matters (e.g. notifications, reports/QIPs, enforcement)
- The RQIA certificate of registration is on display and reflective of service provision
- The registered person/s are knowledgeable of the registered categories of care of the home and ensure they are operating within the regulatory framework.

Indicator L5

There are effective working relationships with internal and external stakeholders.

Examples of Evidence

- There is a whistleblowing policy and procedure available and displayed to inform staff as required
- Arrangements are in place for staff to access their line manager
- There are arrangements in place to support staff (e.g. staff meetings, appraisal and supervision)
- Staff can discuss and confirm that there are good working relationships within the home and that management are responsive to suggestions or concerns raised
- 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. 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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