



RQIA Provider Guidance 2021-22

Day Care Settings

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.

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).

How we will inspect

We will inspect every day care setting at least once every year from April 2021 to March 2022. 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 day care setting, we aim to:

- Seek the views of the people who use the service, or their representatives
- Talk to management and other staff on the day of the inspection
- Review a range of records including policies, care records, incidents and complaints
- Provide feedback on the day of the inspection to the manager on the outcome of the inspection
- Communicate with trust commissioners and professionals, where appropriate
- Review a range of records including policies, care records, incidents and complaints
- 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 Day Care Setting Regulations (Northern Ireland) 2007
- The Day Care Settings Minimum Standards (2012)
- Previous inspection outcomes and any information we have received about the service since the previous inspection

What we look for when we inspect

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

- The duty rotas demonstrate that there are sufficient numbers of staff in various roles to meet the needs of the service users
- Observation of care provides evidence there is adequate staff in a caring role for the supervision of the service users and to deliver the care as described in their care plans
- In the absence of the registered manager a suitable competent person is identified to assume responsibility for the day care setting and the duty rota clearly identifies the staff member
- The management arrangements for the day care setting are known to staff
- The day care setting has a structured induction programme
- A system is in place for the induction of staff for temporary/short notice/emergency arrangements
- Systems are in place to review staff mandatory training and update training as required
- A system is in place to ensure all staff receive appropriate training to fulfil the duties of their role
- Pre-employment checks are undertaken and stored in accordance with guidance
- A system is in place to ensure all staff are registered with the Northern Ireland Social Care Council (NISCC) or other relevant bodies and kept under review
- There is a written policy and procedure for staff recruitment

Indicator 2

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

Examples of evidence

- Staff files contain evidence that staff are recruited in accordance with Regulation 21
- Staff are knowledgeable about and have a good understanding of safeguarding
- Safeguarding training is provided during induction and updated as necessary
- 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 are arrangements in place to identify the Adult Safeguarding Champion/Safeguarding Lead
- **There are arrangements in place and evidence of the Adult Safeguarding Champions annual position report**
- Staff are knowledgeable about safeguarding and are aware of their obligations in relation to raising concerns about poor practice
- There is evidence that the registration of each staff member with their regulatory bodies is maintained
- All suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with the procedures.
- Where shortcomings in systems are highlighted as a result of an investigation, additional identified safeguards are put in place
- Arrangements for receiving service users' monies are transparent, have been authorised and appropriate records are maintained

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

- The planned use of restrictive practice or restraint is appropriately assessed, minimised, recorded and reviewed with involvement of the multi professional team as required
- Records of restrictive practices and restraint are retained appropriately
- Occasions when a service user is subject to restraint or restrictive practice are reported to RQIA
- Accident/incidents are recorded and audited to establish if there any patterns or trends
- Notifiable events are appropriately reported to RQIA
- **Deprivation of Liberty (DoLS) arrangements are in place for existing and future members**
- **There is evidence in place that staff have completed appropriate (DoLS) training appropriate to their job roles.**
- 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.

Indicator 4

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

Examples of evidence

- The day care setting premises are maintained and is suitable for the purposes of day care as set out in the Statement of Purpose
- The day centre is clean, suitably heated with sufficient lighting
- There are no obvious hazards internally or externally to the health and safety of service users, staff or visitors
- The outcome of hygiene inspections (including environmental health inspections) is available and actions have been addressed
- Health and Safety matters including fire safety guidance is adhered to at all times
- A fire safety assessment is in place and up to date. Any actions identified in the assessment have been addressed
- Infection control measures are in place and staff are familiar with same

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 and minimum standards
- A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records
- The day care setting's statement of purpose and service user guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions
- Referral arrangements, care plans and relevant risk assessments are in place
- Every service user has a written agreement that is current, relevant and has been reviewed
- Service user needs are assessed by suitably qualified or trained staff and evidence of review is recorded
- Risk assessments are up to date and are reviewed on a regular basis
- The care plan takes account of the outcome of all assessments, is regularly evaluated and reviewed in consultation with service users/representatives and the multidisciplinary team as necessary
- Each service user has an annual care review and the outcomes of the review are addressed
- Service users have access to their care plan in a suitable format
- Referrals are made to specialist services as and when required
- Each service user is provided with an individual written agreement
- When no recordable events occur, there is an entry in the records at least every five attendances
- Transport arrangements, where provided by the day care setting, meet the needs and requirements of service users
- **The care plan includes all relevant assessed risks that include when relevant Dysphagia**

- **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**

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

- There is written evidence of routine monitoring of care documentation
- There is a structured programme of varied activities and events related to the day care setting's statement of purpose and the service users assessed needs
- The care provided is regularly evaluated and reviewed
- The day care setting maintains a record of any areas of dissatisfaction/concern/complaints or issues raised by service users or their representatives
- The day care setting seeks feedback from representatives on their views on the quality of care and support provided by the day care setting
- Service users are informed of advocacy services

Indicator 3

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 meetings records
- Service user individual care records are updated as required
- Records detailing a range of communications are maintained and updated as required

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 day care setting's policy and procedure on confidentiality and staff can demonstrate how this is implemented
- 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
- Arrangements are in place that promote the equality of opportunity for service users and staff are aware of equality legislation
- The day care setting maintains a record of any complaints made by service users

- Service users are aware of roles of staff within the day centre and who to speak with if they want advice or have issues/concerns
- Arrangements are in place for service users to access the records kept about them in the day care setting
- Meals and refreshments provided meet the assessed needs and preferences of the service users

Indicator 2

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

Examples of evidence

- Staff communicate with service users using methods that takes account of identified needs
- Service users and when appropriate representatives are enabled by staff and the processes in place to make decisions regarding the care they receive
- Programmes and activities are responsive to service users interests, choices, preferences and suggestions
- There are arrangements in place for involving service users to make informed decisions
- 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
- Information on the complaint procedure in a suitable format is available for service users

Indicator 3

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

- The registered person shall establish and maintain a system for evaluating the quality of the day care services
- Arrangements are in place to obtain the views of service users formally about the standard and quality of care in the day service on an annual basis
- There is evidence service users have opportunities to influence the running of the day centre
- A record of the issues raised and the action taken to address the issues is maintained
- RQIA staff/service user/relative questionnaire responses evidence that care is delivered within the day centre

Effective leadership, management and governance which create a culture focused on the needs and the experiences of service users in order to deliver care.

Indicator 1

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

Examples of evidence

- The policies and procedures detailed in Appendix 2 of the day care minimum standards are available in the day centre for staff reference and inspection

- 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
- There is evidence that the day care setting's governance arrangements highlight and promote the identification of and management of risk
- The day care setting 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 identify, receive and deal with complaints
- Arrangements are in place to audit complaints to identify trends and enhance service provision
- The day care setting has an accident and incident policy and procedure in place
- Arrangements are in place for managing accidents/incidents/and other notifiable events
- Audits of incidents/accidents are undertaken and learning outcomes are identified and disseminated throughout the staff team

Indicator 2

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

Examples of evidence

- The provider has arrangements in place to review the quality of care at least annually.
- The annual quality of care report including action plan (Regulation 17) is supplied to RQIA and available for service users
- Quality monitoring is undertaken routinely in accordance with the day care settings policy and actions identified for improvement are implemented into practice
- The day care setting seeks feedback from service users' representatives (including HSC trusts) on the quality of care and support provided by the day care setting
- Arrangements are in place for staff supervision and appraisal. Records are retained
- Arrangements are in place that promote staff conduct, promotes good personal and professional relationships with each other
- Arrangements are in place for the day care setting to be visited on a monthly basis as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007
- A written report of the monitoring visit is maintained, and is available for service users, their representatives, staff and Trust representatives

Indicator 3

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

Indicator 4

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

Examples of evidence

- Any absence of the registered manager of more than 28 days is notified to RQIA, and arrangements for managing the day care setting in the absence of the registered manager are approved by RQIA.
- The Statement of Purpose details the range of service users' needs being met in the setting, including their age range. The statement is kept under review, revised when necessary and updated and the updated document is submitted to RQIA
- Service User Guides are kept under review, revised when necessary and updated and the updated document is submitted to RQIA
- Registered person/s respond to regulatory matters (e.g. notifications, reports/QIPs, enforcement)
- RQIA certificate of registration is on display and accurately reflects the registration status of the centre
- Any changes to the details of the registered persons, significant alterations to the premises, change to the registration details or if additional premises are acquired are reported to RQIA. In most cases this should have been prior to the change

Indicator 5

There are effective working relationships with internal and external stakeholders.

Examples of evidence

- There are collaborative working arrangements with relevant professionals e.g. HSC Trusts
- There is a whistleblowing policy and procedure and staff are knowledgeable of the policy
- 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 in place for staff to give their views and evidence management have effectively addressed staff suggestions/concerns
- There are arrangements in place to ensure that staff are registered as appropriate with the relevant regulatory body NISCC and 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.



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