



# RQIA Provider Guidance 2021-22

## 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:

- 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 domiciliary care agency 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 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Domiciliary Care Agencies Minimum Standards (2011)
- 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

- 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, Schedule 3 and Standard 11
- The agency has a structured induction programme lasting at least three days
- 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 Northern Ireland Social Care Council (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

### 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
- There are arrangements in place to identify the Adult Safeguarding Champion (ASC)
- **There are arrangements in place and evidence of the Adult Safeguarding Champions annual position report**
- There are arrangements in place to embed the regional operational safeguarding procedures
- Staff are knowledgeable about safeguarding and are aware of their obligations in relation to raising concerns about poor practice
- Safeguarding training is provided during induction and updated as necessary
- 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

- 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 Audit (SEA) reports in line with the HSCB 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**

- **Deprivation of Liberty (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.**
- 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 HSCT representative

### **Supported living:**

#### **What you should expect to see for all service users:**

- Robust processes, procedures and records ensuring safe and secure handling (receiving, holding, and spending) of patients money and valuables
- A record of each service user's property (where appropriate) and valuables (on deposit with the service)
- Evidence of considered decision making about how money is being spent

#### **Particularly relevant for those lacking capacity:**

- 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).
- More than £20K (money and valuables) should not be held unless consent is given by RQIA. If more than £20K is being held then a record of consent should be evident. To be discussed during inspection)

#### 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
- 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 professionals.
- 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**
- 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

#### 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

- Quality monitoring is undertaken routinely in accordance with the agency's policy and procedures and actions identified for improvement are implemented into practice
- The agency seeks feedback from service users/representatives on their views on the quality of care and support provided by the agency
- Service users are advised of and supported to avail of advocacy services
- Agency reviews take place in line with the agency's policy timeframes

**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 meeting records
- Service user/Tenant meeting records

**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
- 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
- The agency has an ongoing process in place to ascertain and responds appropriately to the views of service users and/or their representatives with regard to equality and diversity

**Indicator 2**

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

**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 in place a system to ascertain and take into account the service user's wishes and feelings

**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**

- RQIA staff/service user/representative questionnaire responses
- Monthly Quality monitoring
- Complaints
- Service user meetings
- Stakeholder engagement
- Annual quality review of services provided

**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**

- 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
- The agency's governance arrangements highlight and promote the identification of and management of risk
- The agency 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 receive and deal with complaints
- Arrangements are in place to audit complaints to identify trends and enhance service provision
- The agency has an incident policy and procedure in place which includes reporting arrangements to RQIA and other relevant agencies
- There are arrangements in place that show clear evidence when required regarding visiting arrangements and any care partner arrangements (Supported Living Services only), in line with current guidance

**Indicator 2**

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
- Arrangements are in place for staff supervision, appraisal and performance management
- 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 service users quality of life and to the organisation in supporting service user outcomes

**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

- 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

#### **Indicator 4**

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

#### **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
- There is a whistleblowing policy and procedure and staff are aware of this
- 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 for management to effectively address 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.

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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