Policy for Inspection

Version control

Version	Date	Action
17.0	20 December 2017	Final Version
Review	20 December 2020	

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1.0 Introduction

1.1 The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (The Order) and its supporting regulations, requires the Regulation and Quality Improvement Authority (RQIA) to inspect, monitor and drive improvement in the quality of health and social care services in Northern Ireland. For those services that fall to be registered under Part III of the Order the frequency of inspections is set out within The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (NI) 2005, as amended.

The Health and Social Care (Reform) Act (Northern Ireland) 2009 stipulates under section 25 the transfer of functions from the former Mental Health Commission to RQIA. Article 85 of The Mental Health Order (Northern Ireland) 1986 (MHO) specifies the duties of RQIA in relation to mental health.

85. RQIA shall exercise –

(a) such functions under this Order as are transferred to it by section 25 of the Health and Social Care (Reform) Act (Northern Ireland) 2009, and

(b) such other functions relating to or connected with mental health as the Department may by order prescribe.

The Mental Health and Learning Disability Directorate currently monitor care and treatment under the provisions of the MHO. Article 86 (2) (a) specifies the statutory duty to make enquiry into any case where it appears there may be amongst other things, ill treatment or deficiency in care or treatment or where the property of any patient may be reason of mental disorder, be exposed to loss or damage. The MHO also places a statutory duty on RQIA in Article 86 (2) (b) to visit and interview patients who are liable to be detained in hospital as often as RQIA thinks appropriate. No frequency is stipulated in the MHO.

1.2 RQIA's core purpose is to provide assurance about the quality of care, challenge poor performance, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports. We represent the public interest in making sure that health and social care services are safe, effective and compassionate and take appropriate account of peoples' human rights.

1.3 We have specific powers to conduct inspections, investigations and reviews. We hold registered providers and health and social care (HSC) bodies to account through use of formal sanctions, applied proportionately when it is necessary to bring about improvements.

1.4 The purpose of this policy is to provide the framework for the inspections undertaken by RQIA. This includes reference to the legislative framework underpinning the delivery of services and the roles and responsibilities of RQIA staff.

2.0 Scope

2.1 This policy applies to all staff involved in the regulation, inspection and monitoring of HSC and independent health and social care services in Northern Ireland.

2.2 The policy should be read in conjunction with RQIA's inspection procedures and all current associated guidance and protocols.

3.0 Policy Statement

3.1 RQIA will ensure that all inspection activity is undertaken in accordance with this policy and associated procedures, guidance and protocols.

3.2 RQIA believes in a system of right touch regulation and has adopted the principles outlined in the UK Government 'Better Regulation Framework Manual' published in March 2015.

https://www.gov.uk/government/publications/better-regulation-framework-manual

RQIA will continue to regulate and inspect using the Principles of Good Regulation (Better Regulation Task Force 1997 revised March 2015). These include:

Proportionate:	Regulators should only intervene when necessary. Remedies should be appropriate to the risk posed.
Accountable:	Regulators must be able to justify decisions, and be subject to public scrutiny.
Consistent:	Standards must be implemented fairly.
Transparent:	Regulators should be open, and keep regulations simple and user-friendly.
Targeted:	Regulation should be focused on the problem, and minimise side effects.

3.3 All inspections will be undertaken in a manner which upholds the values set out in RQIA's Corporate Strategy so as to promote a culture of best practice and continuous improvement. In order to assure service users and the public of the rigour of RQIA's assessment, inspections shall be undertaken with a transparent, evidence based, proportionate and targeted approach.

3.4 RQIA will carry out the majority of inspections on an unannounced basis. Other inspections will be announced where it is necessary.

3.5 The majority of inspections will focus on the following four domains against which services will be assessed according to the relevant regulations and standards as referred to in appendix 1.

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

RQIA will report inspection findings against the four domains as described in Appendix 2. Other inspections may be undertaken: to follow up on information and intelligence e.g. whistleblowing; to assess compliance following enforcement or escalation action; to evaluate services prior to and following registration. This may have a different focus and a different report format.

3.6 RQIA will involve lay assessors/peer reviewers on inspection, as appropriate.

3.7 RQIA will consider enforcement/escalation action when inspections identify:

- risks to the health, welfare and safety of service users
- concerns about the service
- failure to improve and/or lack of compliance

This policy should be read in conjunction with RQIA's Enforcement/Escalation Policy and Procedures.

https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

3.8 All inspections will take account of any relevant enforcement/escalation activity in the service. Where appropriate, inspection reports will describe the outcome of this activity.

3.9 All inspections will take account of any other relevant information which is brought to its attention by way of contact or communication from other sources. Where appropriate, inspection reports will describe the outcome of this.

3.10 Inspections will take account of relevant notifiable events/serious adverse incident submissions made by the service and actions taken, where appropriate.

3.11 As part of RQIA's governance arrangements, where appropriate, inspectors' caseloads will be rotated within individual inspection teams. The caseload of pharmacist, estates and finance inspectors will be rotated in consideration of the team's frequency of inspection and regulatory activity.

RQIA will consider a range of factors which may limit an inspection team's ability to rotate caseloads. These factors include the following:

- geographic location
- profile of service

- assessment of risk within the service
- resources available to inspection team

3.12 Section 75 of the Northern Ireland Act 1998 (the Act) requires RQIA for the purposes of the Act, to comply with two statutory duties.

The first duty is the *Equality of Opportunity* duty, which requires RQIA, in carrying out its functions, to have due regard to the need to promote equality of opportunity between the nine equality categories of persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; men and women generally; persons with a disability and persons without; and persons with dependents and persons without.

The second duty, the *Good Relations* duty, requires that RQIA, in carrying out its functions, has regard to the desirability of promoting good relations between persons of different religious belief, political opinion and racial group.

RQIA will give consideration to the fulfilment of both of these statutory duties in relation to the inspection process through the equality screening of the inspection policy and the commitment to screen underpinning policies and procedures over a rolling three year programme.

4.0 Legislative Framework

Registered providers/managers of regulated establishments and agencies, along with HSC Trusts are required to comply with The Order and the subordinate regulations specific to the service. They are also required to ensure that their service operates in accordance with the minimum care standards issued by the Department of Health, (DoH).

HSC trusts are also required to comply with the Mental Health (Northern Ireland) Order 1986. They are expected to ensure that their service operates in accordance with the minimum quality standards issued by the DoH in 2006, and associated best practice guidance.

The legislative framework and list of published standards are detailed in Appendix 1.

5.0 Responsibilities

5.1 **The RQIA Board** – RQIA's Board has corporate responsibility for ensuring that the aims and objectives set by DoH and approved by the Health Minister are fulfilled.

5.2 **Executive Team** - The Chief Executive has operational responsibility to ensure that this policy is adhered to.

The inspection process will be overseen by the Director of Regulation and Nursing; the Director of Mental Health, Learning Disability and Social Work and the Medical Director/Quality Improvement Lead who are required to

ensure that all operational staff are aware of, and meet the standards and guidance set out in this document within their areas of responsibility.

The Director of Corporate Services must ensure that information in relation to the management of records, the retention of data regarding inspection activity is managed and retained in accordance with relevant legislation.

The Director of Regulation and Nursing will ensure that the RQIA register of regulated services is accurate and up-to-date to ensure that it retained in accordance with relevant legislation.

5.3 **Head of Information** – Has a responsibility to ensure that:

- relevant systems are in place, are supported and meet the business need of RQIA
- information held on systems is valid and secure
- information, analysis and reporting is available to RQIA and relevant stakeholders

5.4 **Head of Programme** – Has a responsibility to ensure that all relevant staff are aware of and adhere to this policy and relevant procedure. It is also the responsibility of Heads of Programmes to oversee the inspection process to ensure that all inspections are undertaken as scheduled within timescales set by RQIA.

Heads of Programme will make reference to enforcement/escalation policy and associated procedures as required and when necessary. Each Head of Programme should ensure that issues or concerns relating to inspection activity or possible enforcement/escalation action within their operational team are communicated with other heads of programme as appropriate. Heads of Programme will report to their relevant director as outlined in 5.2. Heads of Programme will ensure that all reports are peer reviewed in line with RQIA's quality assurance procedures.

5.5 **Senior Inspector** – Has a responsibility to ensure that all relevant staff are aware of and adhere to this policy and relevant procedures.

5.6 **Inspector** - Has a responsibility to adhere to the policy and ensure that their contribution to the inspection process is both efficient and rigorous. Inspectors will report to the relevant senior inspector or head of programme. Staff undertaking inspections will conduct themselves in a professional manner. They will respect the rights of service users and others involved in the inspection process, upholding the values and principles set out in RQIA's Culture Charter. They will also include Lay Assessors in inspections as appropriate.

5.7 **Communications Manager –** has responsibility to ensure that:

- Information in relation to regulatory activities (registration and inspection), including RQIA's register, inspection reports and relevant

advice and guidance is published on RQIA's website in a timely manner.
- Provide advice and guidance to support inspectors in report writing and presenting written material, in line with relevant corporate guidance.

5.8 **User Consultation Officer –** will support the inspection

5.9 **Estates Support Officer** – will support the inspection

5.11 **Lay Assessor** – will support the inspection process by assisting with the collection of information using service user questionnaires. The information provided by service users will be used to support the inspection findings and will also be included in the inspection report.

5.12 **Peer Reviewer -** will support the inspection process by assisting with the collection of information and providing feedback to the inspection team.

5.13 **Administrative Team Supervisor/Senior Administrator** - Has responsibility for implementing this policy and relevant procedures within the administrative team and for ensuring that it is understood and adhered to at all times by all members of the team.

5.14 **Administrative Team** – Has responsibility for ensuring that they adhere to this policy and relevant procedures within the administrative team.

6.0 Training

6.1 All relevant staff will be appropriately inducted and trained in the inspection process. Guidance on the implementation of this policy will be provided at induction and following change to policy or procedures. Ongoing training will address areas of specific need, to maintain and enhance knowledge and skills and promote continuous quality improvement.

7.0 Monitoring/Evaluation

7.1 The effectiveness of this policy will be monitored by the directors within RQIA as outlined in 5.2. The implementation of the policy and procedure and any deficiencies within the policy will be noted by the Chief Executive and any proposed amendments will require approval by the Chief Executive.

8.0 Equality

8.1 This policy was equality screened on 18 October 2017 and was considered to have a low impact implication for equality of opportunity, therefore the policy does not require to be subjected to a full equality impact assessment.

9.0 Review of the Policy

9.1 This policy will be reviewed in response to the evaluation of revised inspection methodology, where necessary and systematically at least every three years.

10.0 Development and Stakeholder Consultation

10.1 This policy has been developed by a Project Group within RQIA and in consultation and engagement with all members of staff including the RQIA Board and Executive Management team.

Appendix 1

Published Legislation and Standards Issued by Department of Health and Best Practice Guidance

1.1 Published Department of Health Legislation

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
The Mental Health (Northern Ireland) Order 1986

The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005
The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005
The Nursing Homes Regulations (Northern Ireland) 2005
The Residential Care Homes Regulations (Northern Ireland) 2005
The Children's Homes Regulations (Northern Ireland) 2005
The Voluntary Adoption Agencies Regulations (Northern Ireland) 2010
The Children (Secure Accommodation) Regulations (Northern Ireland) 1996
The Inspection of Premises, Childcare and Records (Children Accommodated in Schools) Regulations (Northern Ireland) 2000
The Voluntary Adoption Agencies Regulations (Northern Ireland) 2010
The Independent Health Care Regulations (Northern Ireland) 2005
The Nursing Agencies Regulations (Northern Ireland) 2005
The Domiciliary Care Agencies Regulations (Northern Ireland) 2005
The Day Care Settings Regulations (Northern Ireland) 2007
The Residential Family Centres Regulations (Northern Ireland) 2007
The Adult Placement Agencies Regulations (Northern Ireland) 2007
The Mental Capacity Act (Northern Ireland) 2016

1.2 Published Department of Health Standards

Care Standards for Nursing Homes April 2015
Residential Care Homes Minimum Standards August 2011
Nursing Agencies Minimum Standards August 2011
Domiciliary Care Agencies Minimum Standards August 2011
Minimum Standards for Dental Care and Treatment March 2011
Residential Family Centres Minimum Standards April 2011
Day Care Settings Minimum Standards January 2012
Minimum Standards for Leaving Care and Young Adult Supported Accommodation Projects September 2012
Minimum Standards for Children's Homes April 2014
Minimum Standards for Independent Health Care Establishments July 2014.
The Quality Standards for Health and Social Care, March 2006

NB: For a current list of relevant legislation and standards refer to DoH: https://www.health-ni.gov.uk/

1.3 Best Practice Guidance

A range of organisations produce best practice guidance, for example, National Institute for Health and Care Excellence (NICE) and Guidelines and Audit Implementation Network (GAIN), which are endorsed by the Department of Health and other professional and regulatory bodies.

Appendix 2

Definitions of the four domains

