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Assurance, Challenge and Improvement in Health and Social Care

# 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).

As a public-sector body, we have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. We are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Service users have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

# The Four Domains: Stakeholder Outcomes



# How we will inspect

We currently inspect nursing homes, residential care homes and supported living type domiciliary care services. Our inspectors are most likely to carry out unannounced inspections, however from time to time we 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, we aim to:

- review previous inspection outcomes and any information we have received about the service since the previous inspection
- 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
- talk to trust commissioners and professionals, where appropriate
- examine a range of service users' records including finance files, which may include written agreements; records of income and expenditure; records of charges for fees and agreed services; bank statements; and financial policies and procedures
- provide feedback on the day of the inspection to the person in charge 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 Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- Care Standards for Nursing Homes – April 2015
- RQIA Guidance on Transport Schemes for Nursing Home, Residential Care Home and Supported Living Domiciliary Care Service providers, revised May 2019
- DHSSPS Circular Reference: HSC (F) 15-2016: Safeguarding of Service Users' Finances within Residential and Nursing Homes and Supported Living Settings
- DHSSPS Guide on Charging for Residential Accommodation (CRAG) 2012
- DHSSPS Circular Reference: HSC (ECCU) 1/2010: Care Management, Provision of Services and Charging Guidance.

# 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:

## Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

### Indicator

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

- A system is in place to ensure staff receive appropriate training to fulfil the duties of their role

### Indicator

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 controls in place to safeguard service users' money and valuables
- Safeguarding training is provided during induction and updated as necessary
- Financial policies and procedures include written accounting and financial control procedures that meet professional standards of good practice
- All suspected, alleged or actual incidents of financial 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

### Indicator

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

- Any finance-related restrictive practice is appropriately assessed, minimised, recorded and reviewed with involvement of the multi professional team as required
- Records of restrictive practices are retained appropriately

### Indicator

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

### Examples of Evidence

- Where the home provides, or where an agency provides, an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have

access to the safe place

- Reconciliations (checks) between the monies/ valuables held for safekeeping on behalf of service users and the records of monies/valuables held are carried out at regular intervals, but at least quarterly. Errors or deficits are handled in accordance with the home's adult safeguarding procedures.
- Records of the reconciliations are maintained and signed by two members of staff

## Is care effective?

**The right care, at the right time in the right place with the best outcome.**

### Indicator

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
- Financial risk assessments (where required) are completed, and are reviewed on a regular basis
- Referrals are made to relevant stakeholders as and when required
- Transport arrangements where appropriate meet the needs and requirements of service users
- Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the home/agency's policies and procedures
- Records of the costs associated with running a transport scheme and the charging of these costs to service users are maintained in line with the [RQIA Transport Guidance](#)

### Indicator

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

- Arrangements for receiving and spending service users' monies on their behalf are transparent and have been authorised.
- Appropriate records are maintained of monies received on behalf of service users and of the amounts spent on their behalf (including the retention of receipts from any expenditure undertaken on service users behalf)
- A record is maintained of the furniture and personal possessions brought by the service user into their room; this record is updated when additional items are acquired or items are disposed of after admission to the home/agency
- If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the home on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement
- If a person associated with the home/agency is acting as appointee/agent for a service user, the person is aware of the formal responsibilities of the role; appropriate records are maintained
- Appropriate mechanisms are in place to audit controls relating to the safeguarding of service users' money and property

**Indicator**

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 whom to contact if they want advice or have any issues/concerns in relation to financial matters.
- Service users and their representatives are provided with copies of any relevant financial policies and procedures
- There are contingency arrangements in place to ensure that the home/agency can respond to the requests of service users for access to their money and property at short notice
- The home/agency notifies each service user in writing, of any increase in the charges payable by the service and the arrangements for these written notifications are included in each service user's agreement
- If a person associated with the home/agency is nominated as the appointee or agent for a service user, the arrangements for this are discussed and agreed in writing with the service user and their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's Agreement
- The needs and resources of the individual service user are considered in conjunction with the HSC Trust

## 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**

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**

- 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 in relation to financial matters
- The agency has an ongoing process in place to ascertain and respond to the views of service users and/or their representatives

**Indicator**

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
- A system is in place to ascertain and take into account the service user's wishes and feelings

**Indicator**

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 service user or their representative and the Health and Social Care Trust Care Manager are in agreement with individual financial arrangements
- The views and opinions of the service users or their representatives are taken into consideration in respect of the provision of safe storage of service users' money and possessions

## Is the service well led?

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

**Indicator**

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

**Examples of Evidence**

- There are arrangements in place for financial policies and procedures to be reviewed at least every three years
- Policies are retained in a manner which is easily accessible by staff
- The home/agency's governance arrangements highlight and promote the identification of and management of risk to service users' money and property
- The home/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 concerning service users' money and property
- 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
- There is an incident policy and procedure in place which includes reporting arrangements to RQIA and other relevant agencies



**Indicator**

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

**Examples of Evidence**

- Arrangements are in place for managing incidents/notifiable events concerning service users' money and property
- Audits of incidents are undertaken and learning outcomes are identified and disseminated throughout the home/agency
- The outcomes of financial audits are reviewed and are followed up to ensure learning is embedded into practice
- Arrangements are in place for staff supervision and appraisal and where relevant, performance management

**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 organisation and service users

**Indicator**

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 aware of roles of staff within the agency and who to speak with if they want advice or have issues/concerns
- Staff are aware of their responsibilities in relation to raising concerns about poor practice in safeguarding service users' money and valuables
- There is a whistleblowing policy and procedure and staff are aware of this

**Indicator**

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
- The home/agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user
- Charges for fees, including third party payments, and additional services are levied in accordance with current DoH guidelines (referenced on page 3 of this guidance)
- Any request for an increase to a third party payment **must** be agreed with the Health and Social Care Trust as the contracting party
- The service user or their representative is given written notice of all changes to the agreement and these are agreed in writing by the service user or their representative
- Registered person/s respond to regulatory matters (e.g. notifications, reports/QIPs, enforcement)

**Indicator**

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 and Office of Care and Protection
- Discussion with staff confirms that there are good working relationships and that management are responsive to 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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