The Regulation and Quality Improvement Authority

Guidance for Health and Social Care Professionals

November 2024

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INTRODUCTION AND CONTEXT

The Regulation and Quality Improvement Authority (RQIA) conducted a 'system inspection' of the Southern Health and Social Care (HSC) Trust area from September to December 2024. This was in response to the ongoing intelligence RQIA receives in respect of system pressures, particularly as such pressures affect acute hospital services and its integration with community and social care services to meet service user needs.

The 'system inspection' sought to bring these different approaches together to enable a deeper understanding of the extent of shared responsibility across HSC trusts and with independent sector providers, examining shared responsibility for service user safety, a person centred approach and shared risk management. It is RQIA's experience as a service and system regulator that only when the whole system (all of the organisations who collectively provide for the needs of the service user) pulls together with shared purpose, can the required progress be made against seemingly intractable problems.

A report of the inspection was published in January 2024 and made 11 recommendations for improving how we all work together across the complex healthcare system.

This guidance aims to address Recommendation 9 of the report:

Recommendation 9

RQIA must raise awareness, and develop guidance, for HSC Trusts and independent sector providers on how categories of care for residential care homes and nursing homes are considered (from point of registration). Such guidance will explain the difference between a diagnosis and an assessed need. This should emphasise available flexibility which can enable a residential care home and/or nursing home to meet the needs of a prospective resident and safeguard the needs of current residents.

This guidance is aimed at healthcare professionals working in HSC trusts who have a role in planning the discharge of people from hospital into care homes, and for admission to a care home from any setting. While care home managers are generally very familiar with registration and categories of care, this guidance may also serve as a useful reminder.

The guidance should be read in the context of the relevant legislation and standards:
The Nursing Homes Regulations (Northern Ireland) 2005
The Residential Care Homes Regulations (Northern Ireland) 2005;
Care Standards for Nursing Homes (December 2022)
Residential Care Homes Minimum Standards (December 2022)

THE ROLE OF RQIA IN REGISTRATION

RQIA is the independent body responsible for regulating, inspecting and reviewing the quality and availability of health and social care (HSC) services in Northern Ireland.

Under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order), a key role of RQIA is to register those who seek to operate a nursing home or residential care home in Northern Ireland. Anyone who wants to operate a nursing home or residential care home in Northern Ireland must register with RQIA to become a registered provider. They must submit an application with the required supporting documentation for RQIA to consider. RQIA can either grant the application, grant the application with certain conditions applied, or refuse the application.

Once registered, the registered provider can apply to RQIA to make changes, or to vary, their registration. For example, they may wish to increase or decrease their bed numbers, or add a different category of care. RQIA assesses all such applications and has the power to either grant the application, grant the application with certain conditions applied, or refuse the application.

REGISTRATION – WHAT DO RQIA LOOK FOR?

'Care home' is a term used to describe a registered nursing homes and residential care homes. These are regulated and inspected under a set of regulations and standards specific to these services. Care homes vary widely in terms of the service users they care for, the numbers they may accommodate and the needs they can meet.

When someone applies to register a care home with RQIA they must tell us the details of the accommodation they intend to provide for service users, the maximum number of service users they intend to accommodate and the categories of care that are required for the service users they intend to accommodate.

CATEGORIES OF CARE

The categories of care for care homes that can be registered with RQIA are described in The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005 as follows**:**

Old age not falling within any other category	**I**
Service users who are over 65 years of age but do not fall within the category of old age	**E**
Dementia	**DE**
Mental disorder excluding learning disability or dementia	**MP**

Mental disorder excluding learning disability or dementia – over 65 years	**MP(E)**
Learning disability	**LD**
Learning disability – over 65 years	**LD (E)**
Physical disability other than sensory impairment	**PH**
Physical disability other than sensory impairment – over 65 years	**PH (E)**
Past or present drug dependence	**D**
Past or present alcohol dependence	**A**
Terminally ill	**TI**
Sensory impairment	**SI**

STATEMENT OF PURPOSE (SOP)

When applying to register a care home, the applicant must also provide RQIA with a **'statement of purpose'** (SOP) which sets out the aims and objectives of the care home, and a statement of the facilities and services they intend to provide. This is a key document describing the philosophy of care within the home; the categories of care/range of needs they intend to provide a service for; the layout of the premises; and the numbers, competency and qualifications of the staff team.

In making decisions about whether or not to register a care home, RQIA takes all this information into account.

Once registered, the categories of care and maximum numbers of service users are set out in the care home's registration certificate. The certificate should be displayed in the care home. The register of all registered services, including care homes is also available on the RQIA website. If care homes operate outside of their statement of purpose, they can place their service users at risk of harm, or may be unable to provide the quality of care required. The registered provider may be subject to enforcement action should they operate a service outside its registered statement of purpose. It is a breach of the legislation to do so.

CASE EXAMPLE

A home registered for service users who have needs relating to learning disability

Category of Care: Learning Disability (Category code: LD)

The home is purpose built with larger bathrooms in order to manage the complex physical needs of the service users.

There is a focus on activity provision and a bus is provided to transport the service users to day care. Service users need to be accompanied on the bus and, due to the complex needs of some service users, enhanced staffing levels are required.

This care home provides care to people with a learning disability (LD; LD (E)) The staff team have all been trained to care for persons with a learning disability, in order to meet the needs of those who live in the home, this includes training in positive behaviour support and safe restraint.

The staff in this care home would not be considered sufficiently trained or competent to look after patients with dementia or the needs of people in old age. In the same way, a ward in the hospital intended to provide ear nose and throat surgery would not be suitable to deliver maternity care. The 'category' of care needs are different.

CATEGORIES OF CARE - CONSIDERATIONS FOR ADMISSION TO CARE HOMES

When a care homes is registered for one or more 'category' of care, then before the care home considers if it can accept a new admission, the Care Home management have to consider if they can meet the needs of the individual. The following sets out what the care home needs to consider.

PRIMARY CARE NEED

First and foremost, in considering an admission to any care home, the manager must determine whether or not the needs of the individual can be met. Whilst the diagnosis of the individual is a key determinant (provided to the care home by the hospital or the GP for example) it may not necessarily preclude an individual from admission to a particular care home. The pre-admission assessment should focus on the **primary** need of the individual. For example, an individual may have a diagnosis of dementia, but this is so advanced that their needs are now largely physical in nature and there are no presenting behaviours that would challenge staff. They may be best placed in a care home registered for old age, rather than one registered for dementia.

The decision to admit an individual can be complex, with many factors requiring consideration. The care home manager must consider a range of factors including the suitability of the premises/layout of the home; the staffing levels; the competence and training of available staff; and the potential impact of this individual's admission on the lived experience of other service users. For example, an individual may present with behaviours that require a high level of staff supervision. The only bedroom available is not in easy sight of the nurses' station, which may cause some difficulties in supervising the resident effectively, particularly at night. The bedroom is located in a quiet wing of the home where four other residents have lived for many years. The presenting behaviours of the proposed resident would inevitably disturb the existing residents to the detriment of their quality of life. The home already has a number of residents on enhanced levels of supervision to meet their needs and admitting a new resident with these needs may mean the care home would struggle to maintain the required staffing level for their existing residents.

CONCEPT OF COMPATIBLE CATEGORIES OF CARE

A useful concept is that of **compatible** categories of care. In this instance service users in different categories of care, may have similar needs and may be able to live successfully together. Many care homes have registrations of this kind where they can successfully accommodate the older person (I) with those with physical disability needs (PH or PH(E)), for example.

Other categories of care tend not to integrate well and in fact, can place some of the service users at risk of harm. One example would be the accommodation of someone with very complex physical needs (PH) who is bed bound, with service users with cognitive impairment, who may walk into their room and cause distress to the occupant e.g. those with dementia (DE) or learning disability (LD). Behaviours associated with persons living with dementia (DE), such as, crying out, walking into others' rooms, hitting out; can be particularly difficult to tolerate and cope with, for an elderly person without a cognitive impairment (I or E).

RQIA has registered a number of care homes that cater for the needs of those with an acquired brain injury. The care home will have a very clear statement of purpose (SOP) setting out the kind of care they will provide. As there can be significant cross over between the physical disability (PH) and the mental health (MP) programmes of care for those with an acquired brain injury, the care home may be registered to provide care in both of these categories. However, this care home would not necessarily be able to accommodate other people with physical disability needs such as, multiple sclerosis or Parkinson's disease, as they could not meet the needs as set out in the home's SOP.

IS THERE ANY FLEXIBILITY IN CATEGORIES OF CARE?

The systems inspection report noted that HSC trust managers wished to see greater flexibility in respect of categories of care. They cited the unavailability of certain categories of care as one of the reasons for delayed discharge from the acute hospital, or the rigid application of a care home's registered category/ categories, denying an individual accommodation in a home that could potentially meet their needs. The following sets out how category of care registration for a care home can be considered for variation.

APPLICATIONS TO VARY REGISTRATION

As noted above, if a care home manager has assessed an individual and believes that they can meet their needs, they can consider admission. They may determine that the individual already sits within the categories of care for which the care home is already registered, based on the individual's primary need, and that their needs can be met in accordance with the care home's existing SOP.

Alternatively, the care home may not have registration for the correct category of care, but believe that it can meet the individual's needs. In this case, they can apply, via RQIA's Web Portal, to vary their registration to include the required category of care. In making a decision as to whether or not to grant/approve the application, RQIA will review the application and discuss this with the home manager.

RESIDENTIAL BEDS IN NURSING HOMES

Residential care homes and nursing homes are registered separately and operate under separate regulations (see links above). Some homes operate a residential care home and a separate nursing home in discrete units under the same roof.

The 2003 Order defines a residential care home as an establishment which provides accommodation, board and personal care by reason of old age, disablement, alcohol dependence or mental disorder. Personal care is broadly defined as action taken to promote rehabilitation, assistance with physical or social needs and counselling.

Residential care would tend to be based more on a 'social model' and residents should require minimal, discrete input from community nurses, for example, wound dressings, non-complex catheter changes, insulin injections.

The definition of Nursing Home in the 2003 Order is a premises used for the provision of nursing for persons suffering from illness or infirmity. Therefore, the person's condition requires full time nursing care.

The decision on whether nursing or residential is required is usually based on the complexity of the individual's needs, including mobility, continence and physical needs.

Someone requiring nursing care cannot be accommodated in a residential care home as there are no nursing staff to provide this care. However, under **exceptional circumstances**, it is possible to provide care in a nursing home, to someone assessed as requiring residential care. These circumstances may include spouses or siblings wishing to be accommodated together, poor local residential provision, it is deemed to be in the individual's best interests or other human rights considerations, such as, distance of the home from next of kin to support their right to family life.

If a nursing home manager wishes to admit a person assessed as requiring residential care, they must still ensure that they can meet their assessed needs, that they have liaised with the relevant HSC trust staff and have considered the wishes of the person and their family. They will then be required to submit an application to vary the registration of the care home to accommodate this specific person. RQIA will review the application and will require assurances that the person's needs can be met and that they will be compatible with the other persons already accommodated in the care home.

It is important to remember that whilst this may be appropriate for that individual, accommodating a person assessed as requiring residential care in nursing homes does reduce the overall nursing bed availability. This decision must be made on an individual, best interests basis, and will be subject to RQIA approval.

ADMISSIONS TO CARE HOMES REGISTERED FOR DEMENTIA

In the majority of cases, anyone admitted to a care home registered to provide dementia care (DE), should have a diagnosis of dementia. In order for a person with dementia to receive the right care they should have a timely and accurate diagnosis of dementia. However, there can be difficulties in accessing services for a formal diagnosis, and it is not always possible for every person to be formally assessed in a timely manner. This has resulted in people living with dementia not being appropriately placed in timely manner, in a care home registered to provide dementia care, where this would best meet their needs.

There are cases when there is a genuine belief that a person has dementia and would be best placed in a care home registered to provide this care. A multi-disciplinary working group developed criteria when considering admission to a care home registered to provide dementia care when diagnosis is unconfirmed but strongly suspected. (See Appendix 1)

Anyone placed in a care home registered to provide dementia care should have a robust rationale for their placement, given that it can by quite a restrictive environment. This kind of care home is set up to manage the risks associated with dementia, such as, exit seeking behaviour, distressed reactions, agitation. The risks associated with the service users condition may therefore require a high level of supervision from staff and a high level of restrictions, such as locked door, sedative medication, alarm mats and so forth. As stated previously, a diagnosis of dementia will not always necessitate care in this type of care home and care should always be taken to accommodate people in the least restrictive environment required to meet their needs.

Contact Details

RQIA trust this guidance is useful to health and social care professionals involved in the management of Residential and Nursing Care Homes, and in the planning for securing places for residents in appropriate care home settings, both from the Care Home perspective and for those working across health and social care services.

For any further information please contact RQIA at:

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APPENDIX 1

Criteria for consideration of admission to a care home registered to provide dementia care without a confirmed dementia diagnosis

It was agreed that where a diagnosis of dementia is likely/strongly suspected and admission to a **care home registered to provide dementia care** would be in the person's best interests, there should be a **minimum expected criterion** for admission as follows:

1. There is a strong clinical suspicion/reasonable belief that the person has dementia
2. In the preceding eight weeks there has been a history of cognitive and functional decline from usual baseline with evidence of disorientation present (supported by NICE approved questionnaires, or equivalent tool used within HSC trust specific area).
3. Medical (physical) review indicates no current acute medical needs requiring intervention or other treatment. This should be supported by recent blood tests, urinalysis or other relevant diagnostic tests.
4. Assessment of needs indicates that the person requires an environment in which staff have the training, experience and skills required to support individuals who present with cognitive impairment and there is a locked door setting (**DOLS Emergency Provisions met**).
5. Appropriate cognitive screening measures and tests evidence current cognitive decline.
6. The admitting care home has had the opportunity to conduct pre-admission assessment preferably in consultation with the person's family/representatives.

Any clinician can apply the criteria above to support a decision to admit a person to a care home registered **to provide dementia care**. This is to ensure that the person receives timely care in the most appropriate setting based on a *strong clinical suspicion or reasonable belief* that the person has dementia. **It is important to note that the above criteria do not in any way replace the standard diagnostic criteria for dementia.**

Upon admission it would be expected that the person will be referred through the usual channels to specialist dementia services in the community in order to access a formal diagnosis. The individual's care should also be kept under review to ensure that the placement remains appropriate and continues to meet their needs.

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