

## RQIA Provider Guidance



Updated June 2025

## Adult Residential Care Homes

[www.rqia.org.uk](http://www.rqia.org.uk)

# 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).

# The Four Domains: Stakeholder Outcomes



# How We Will Inspect

We are required to inspect every adult residential care home at least twice every year. 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 an adult residential care home, we aim to:

- seek the views of the people who use the service, and/or their representatives, talk to the managerial and other staff on the day of the inspection
- observe care delivery and we may conduct a formal structured observation
- examine 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; 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 Residential Care Homes Regulations (Northern Ireland) 2005 □ DHSSPS Residential Care Homes Minimum Standards (December 2022) (Version 1:2)

# 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. The evidence listed for each indicator provides examples of what may be reviewed and should not be considered exhaustive.

## Is care safe?

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

### Indicator S1

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:

##### Staffing

- Duty rotas evidence that planned staffing levels, including ancillary staff, are adhered to and maintained in accordance with DHSSPS Residential Care Homes Minimum Standards (December 2022) (Version 1:2) Standard 25.
- There is a system in place to identify how the planned staffing levels are identified.
- There is a system in place for contingency planning to manage staffing levels.
- The person in charge of the home, in the absence of the manager, is clearly identified on the duty rota.
- Records of competency and capability assessments for staff, who are given responsibility for taking charge of the home in the absence of the registered manager, and in place are reviewed as required.
- Staff full name is recorded on the duty rota along with the designation in which they work.
- There is an induction programme in place for all staff specific to their role. This will include bank and agency staff.
- A system is in place to confirm the identity, professional registration, training and competency of agency staff.
- The deployment of staff and the delivery of care is observed to meet the needs of the service users.
- A system is in place to ensure staff receive, at minimum, two recorded supervisions and an appraisal on a yearly basis.
- A system is in place to ensure staff receive appropriate training to enable them to fulfil the duties of their role. Training which is deemed mandatory is determined by legislation and the home's management team in accordance with the care that they provide.
- There are arrangements for the regular monitoring of the professional registration of staff.
- Staff turnover is monitored.

##### Recruitment and Selection

- Staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.
- Staff recruitment information is available for inspection. At minimum, a checklist of pre-employment checks is available to include the dates of the checks and confirmation of receipt of required information.
- There is evidence that the Registered Persons have oversight of the recruitment process.
- Relevant staff receive training on selection and recruitment.
- Records evidence that enhanced Access NI checks are sought, received and reviewed prior to new staff commencing work; certificate numbers retained.

- An overview record of all staff employed in the home should be maintained and available for inspection in accordance with The Residential Homes Regulations (Northern Ireland) 2005: Regulation 19(2) Schedule 4 and DHSSPS Residential Care Homes Minimum Standards (December 2022) (Version 1:2); Standard 19.
- There is a written policy and procedure for staff recruitment which reflects Northern Ireland legislation.

## **Indicator S2**

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

### **Examples of evidence:**

#### **Safeguarding**

- 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), Cooperating to Safeguard Children and Young People in Northern Ireland, 2016 and Area Child Protection Committees' Regional Policy and Procedures, 2005.
- An Adult Safeguarding Champion (ASC) has been identified and appropriately trained.
- The ASC's annual position report for the home is being collated and available for inspection.
- Staff are knowledgeable about safeguarding and are aware of their obligations in relation to raising and escalating concerns where this is required.
- Safeguarding training is provided during induction and updated as necessary in line with staff role and function within the home.
- 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.
- Allegations of staff misconduct are reported to RQIA in accordance with The Residential Care Homes Regulations (Northern Ireland) 2005; Regulation 30.

#### **Deprivation of liberty safeguards (DoLS)**

- All staff employed in the home undertake DoLS Level 2 training on a three yearly basis. Staff with overseeing responsibilities complete Level 3 and any additional training as appropriate to their role.
- There is system in place to evidence that DoLS are managed and reviewed in line with regional procedure/policy.
- A record is kept of service users who have DoLS in place and when the review is required.

## **Indicator S3**

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**

#### **Infection prevention and control (IPC)**

- Policies and procedures are in line with regional IPC guidelines.
- Outbreaks of infection are managed in accordance with the up to date guidance from the PHA and the home's procedures.
- Contingency plans are in place in the event of an outbreak of infection to manage the supply of staff, the supply of additional PPE and equipment and reporting requirements.
- The home is clean, tidy and well maintained.
- IPC training is provided during induction and updated as necessary in line with staff role and function within the home.

- Staff are knowledgeable and have understanding of IPC practice in line with their role and responsibilities.
- Personal Protective Equipment (PPE) is readily available throughout the home and used appropriately.
- There are wash hand basins, supplies of liquid soap, alcohol hand gels and disposable towels wherever care is delivered.
- Arrangements are in place to decontaminate equipment and medical devices.
- There is information available on IPC for service users, their representatives and staff.
- Compliance with IPC best practice is regularly monitored and any identified deficits addressed for example, hand hygiene/bare below elbow including the wearing of jewellery and nail polish.

### **Management of Risks**

- Service user risk assessments are undertaken, reviewed and updated on a regular basis.
- Service user specific equipment such as bed rails, specialised chairs, commodes and safe moving and handling equipment is available/well maintained, regularly serviced and decontaminated between service users.
- Service user lifting equipment is maintained in accordance with Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) and records kept.
- Restrictive practice, for example the use of alarm mats, key padded doors, is assessed, and minimised to the least restrictive option, care planned and reviewed with the involvement of the service user, their representative and multi professional team as appropriate. Records of the decision making process are maintained.
- Accident / incidents are recorded and reported appropriately.
- Notifiable events are reported to RQIA in accordance with The Residential Care Homes Regulations (Northern Ireland) 2005; Regulation 30.
- Chemicals are stored in compliance with Control of Substances Hazardous to Health (COSHH) legislation.
- Thickening agents are locked away when not in use.
- Action plans are in place to reduce any assessed risk where possible, including ligature risks where appropriate.

### **Falls**

- The home's policy to prevent and manage falls is in accordance with local Trust agreed protocols and regional guidance.
- A protocol is in place to guide staff on the action to be taken when a head injury is suspected.
- Risk assessments and care plans are in place for falls and reviewed as required.
- Staff are knowledgeable and have understanding of the prevention and management of falls in line with their role and responsibilities.
- The incidence of falls occurring in the home is regularly monitored and analysed for trends and patterns. Where necessary action plans are devised to address deficits/areas for improvement identified.

### **Indicator S4**

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

### **Examples of Evidence**

#### **Environment**

- The home is fit for purpose and well maintained internally and externally.
- The grounds are kept tidy, safe, suitable for, and accessible to, all service users.
- There are no obvious hazards to the health and safety of service users, visitors or staff, including those with sensory impairments.

- The home has an up to date fire risk assessment in place carried out by an accredited fire risk assessor and any recommendations made are being appropriately actioned within the timeframes identified.
- Adequate precautions are in place against the risk of fire, including the provision of suitable firefighting equipment, fire alarm systems, means of escape, staff training and fire drills.
- Arrangements are in place to maintain the environment, e.g. servicing of lifts, boilers, electrical equipment, and legionella risk assessment.
- Malodours are managed appropriately.

# Is care effective?

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

## Indicator E1

The service responds appropriately to and meets the assessed needs of the people who use the service.

### Examples of Evidence

#### Nutrition

- The nutritional needs of the service user are assessed on admission and regularly thereafter.
- A nutritious and varied diet is provided which meets each service user's needs and preferences and records maintained.
- Staff are aware of any matters concerning eating and drinking as detailed in service users' individual care plans.
- Changes in service users' weight are responded to appropriately and evidenced within their care records.
- There are arrangements in place to refer service users to dieticians and speech and language therapists as appropriate; a record is retained of any recommendations from these healthcare professionals.
- There is evidence that the regional dysphagia guidance is embedded into practice e.g. IDDSI, mealtimes matter, time to hydrate.
- Care records are reflective of International Dysphagia Diet Standardisation Initiative (IDDSI) referencing the levels of food and fluids required.
- Staff are trained and can demonstrate their knowledge of the modification of diets, IDDSI terminology and the management of dysphagia appropriate to their roles and responsibilities.

#### Wound Care and Pressure Area Care

- Service user needs with regard to pressure area care and wound management is referred to community nursing services. Care staff follow the prescribed care plan.

#### Care Records

- An initial assessment of need is completed at the time of the service user's referral to the service and revised as soon as possible and no later than one month following admission to the home
- The service user's assessments are updated as required and no less than annually.
- Care plans that reflect the service user's physical, social, emotional, psychological and spiritual needs of the service user are developed, reviewed and updated as required to reflect their current needs.
- Care plans are personalised and individualised to the specific needs of the service user and avoiding the use of generalised statements.
- Care records include a daily statement of health and well-being of the service users.
- Service users and/or their representatives are encouraged and enabled to be involved in the assessment and care planning process.
- Service user care records are kept up to date and are compliant with the records to be maintained in respect of each service user as outlined in Schedule 3 (3) of The Residential Care Homes Regulations (Northern Ireland) 2005.
- Service user wishes in relation to their end of life care are clearly recorded, communicated and kept under review.
- Record keeping is maintained in accordance with legislation, professional standards and best practice guidance.
- A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records.
- Records are stored safely and securely in line with data protection.

**Indicator E2**

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****Evaluation of Care delivery**

- Service users' care records are available and demonstrate regular review and oversight by staff.
- Records are maintained of care delivered to each service user. This is in accordance with professional guidance and DHSSPS Residential Care Homes Minimum Standards (December 2022) (Version 1:2).
- Care records are reviewed and updated on a regular basis or as changes occur.
- As required a review of care is sought from the relevant healthcare professional. Recommendations from the relevant healthcare professionals are incorporated into the service users care records.
- Audits are undertaken regularly and actions identified for improvement are addressed.

**Indicator E3**

There are robust systems in place to promote effective communication between service users, staff and other key stakeholders.

**Examples of Evidence****Communication**

- Shift handover meetings are provided for all registered nursing and care staff.
- Staff meetings are undertaken at minimum quarterly in accordance with DHSSPS Residential Care Homes Minimum Standards (December 2022) (Version 1:2); Standard 25 and minutes maintained.
- Systems are in place to review the service user's placement within the home and ensure that it is appropriate to meet their health and social care needs.
- Recommendations made by healthcare professionals in relation to specific care and treatments are clearly and effectively communicated to staff and are evidenced through the service users care plans.
- There is an open and transparent culture within the home which promotes learning and service user safety.
- Systems are in place seeks resident's views and opinions on the quality of services and facilities provided.
- Service users are aware of who to contact if they want advice or have any issues/concerns or complaints.
- Staff communicate effectively with service users and their relatives/representatives (as appropriate).
- Arrangements are in place to support service users who have difficulty in communicating or where their first language is not English e.g. non-verbal cues, sign language, Makaton or interpreter services.
- Information and access to advocacy services is available.

# 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 C1

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

#### Culture/Ethos

- There are policies and procedures within the home that promote the rights of service users and promote the values of dignity and respect, independence, equality and diversity, choice and consent.
- Staff demonstrate how confidentiality is maintained.
- Staff demonstrate how consent is obtained.
- Discussion with service users and/or their representatives, staff and observation of interactions demonstrates that service users are treated with dignity and respect while promoting and maintaining their independence.
- The spiritual, social, emotional, psychological and cultural needs of service users are met.
- Service users are enabled and supported to engage and participate in meaningful activities, social events, work and education opportunities, hobbies and interests.
- Service user records are held confidentially and securely.
- Service user information is managed in a discreet/sensitive manner taking into account the service users' rights to privacy and dignity.

## Indicator C2

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

### Examples of Evidence

#### Communication

- Service users/representatives, staff, and professionals confirm that they are listened to, valued and communicated with in an appropriate manner.
- Systems are in place for service users to maintain links with their friends, families and wider community.
- Arrangements are in place for service users to maintain links with their friends, families and wider community.
- Staff understand and use a variety of communication methods to communicate with service users based on their assessed needs.
- There is evidence that service users are supported to make informed decisions about their care.
- Information, if required, can be provided in alternative formats and/or interpreter services arranged.

**Indicator C3**

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****Service User Views**

- Consultation about the standard and quality of care and other services provided is carried out on at least on an annual basis (annual quality review).
- Suggestions for improvement have been considered and/or addressed.
- An action plan is developed and implemented where improvements are required.
- There is evidence that RQIA's advice on how to make a complaint poster and leaflets are displayed/available.
- RQIA service user, staff and representative questionnaire responses following an inspection will be reviewed by the inspection team and communicated with the manager for their action if required.

# Is the service well led?

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

## Indicator L1

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

### Examples of Evidence

#### Governance Arrangements

##### Policies and Procedures

- There are arrangements in place for policies and procedures to be reviewed at least every three years.
- Policies are centrally indexed and retained in a manner which is easily accessible by staff.

##### Management of Risk

- Arrangements are in place to ensure risk assessments are completed and kept under review such as legionella, fire, infection prevention and control audit, COSHH.
- Medical device alerts, safety bulletins and adverse incident alerts are appropriately reviewed and actioned as required.
- A data protection policy and procedure is in place.
- A freedom of information publication scheme is in place.

##### Complaints

- The home has a complaints policy and procedure in place which reflects The Residential Care Homes Regulations (Northern Ireland) 2005; Regulation 24; the HSC Complaints Procedure and DHSSPS guidance on complaints handling in regulated establishments and agencies.
- Service users are signposted as to how to make a complaint.
- Staff know how to receive and deal with complaints.
- Records are kept of all complaints in accordance with DHSSPS Residential Care Homes Minimum Standards (December 2022) (Version 1:2) Standard 17.
- Arrangements are in place to audit complaints to identify trends to enable learning from complaints and to enhance service provision.

##### Equality and diversity

- The home is aware of equality legislation and recognise and respond to the diverse needs of service users and staff.
- Staff are trained to effectively engage with the diverse range of people.
- The home manages and monitors equality issues raised by service users or their relatives/representatives or staff as required.

##### Compliments

- A copy of the compliments received is retained by the home and shared with staff and stakeholders.

##### Incidents/Notifiable Events

- The home has an incident/notifiable events policy and procedure in place which includes reporting arrangements to RQIA.
- Accidents/incidents are recorded and investigated in accordance with DHSSPS Residential Care Homes Minimum Standards (December 2022) (Version 1:2).
- Notifiable events are reported to RQIA in accordance with The Residential Care Homes Regulations (Northern Ireland) 2005: Regulation 30.

- Arrangements are in place to audit accidents/incidents and falls on a regular basis to identify trends or patterns and to improve practice through learning.

## **Indicator L2**

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

### **Examples of Evidence**

#### **Quality Improvement and Monitoring**

- There is a programme of audits which is undertaken regularly such as falls audit, wound audit, infection prevention and control audits; environmental audits, restrictive practices and service user satisfaction surveys.
- Results of audits/monitoring are analysed and actions identified for improvement are embedded into practice.
- Where applicable, monthly monitoring visits are conducted by the registered provider/representative of the registered provider in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 – the monthly visit shall produce reports of sufficient detail to provide assurance regarding the conduct of the home, the management and governance arrangements, the quality of the environment and evidence consultation with service users, staff and relatives/visitors to be home.
- The monthly monitoring visit report is available for service users, their representatives, staff and Trust representatives.
- The monthly monitoring report is available for inspection by RQIA. Action plans are devised to address any areas or deficits and evidence review to ensure improvement is achieved and sustained.

## **Indicator L3**

There is a clear organisational structure and all staff are aware of their roles, responsibility and accountability within the overall structure.

### **Examples of Evidence**

#### **Organisational Structure**

- There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all staff.
- Any changes in the management structure of the home or registered persons has been managed to minimise adverse effects on the service and service users.
- Staff are aware of their roles and responsibilities.
- Staff are aware of actions to be taken should they have a concern regarding service users care and treatment or about a staff member's practice/conduct.
- The registered person/s have understanding of their roles and responsibilities under legislation.
- Service users are informed of the roles of staff within the home and who to speak with if they want advice or have issues/concerns.

**Indicator L4**

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

**Examples of Evidence****Regulatory Matters**

- The home's Statement of Purpose and Service User Guide are available and reflect the requirements in accordance with the Residential Care Homes Regulations (Northern Ireland) 2005 - Regulations 3 and 4.
- The RQIA certificate of registration is on display and is reflective of service provision.
- The registered person/s are knowledgeable of the registered categories of care of the home and ensure they are operating within the regulatory framework. Insurance arrangements are in place.
- Registered person/s respond to RQIA within required timeframes. For example, submission of Regulation 30 notifications, notification of managers' absence and the return of reports/Quality improvement Plans (QIPs).

**Indicator L5**

There are effective working relationships with internal and external stakeholders.

**Examples of Evidence****Working Relationships**

- There is a whistleblowing policy and procedure available and displayed to inform staff.
- Staff are knowledgeable and demonstrate an understanding of the whistleblowing policy.
- Staff can discuss and confirm that there are good working relationships within the home and that management are responsive to suggestions or concerns raised.
- The manager's working pattern supports and facilitates engagement with internal and external stakeholders.
- The manager's hours of work and the capacity in which they were worked is clearly recorded on the duty rota.
- There are arrangements in place to support and engage all stakeholders such as regular meetings, participating in quality assurance surveys, care management reviews or with the provision of advocacy services.

# 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.

## Useful links

Notification of incidence RQIA guidance - [b2f9704a-81d6-41e0-8df7-4df2284063bc.pdf \(rqia.org.uk\)](https://www.rqia.org.uk/b2f9704a-81d6-41e0-8df7-4df2284063bc.pdf)

DOH Mental Capacity Act Guidance - <https://www.health-ni.gov.uk/mca>

Public Health Authority – Regional IPC manual - <http://niinfectioncontrolmanual.net/>

Post-falls guidance for care homes 0625 FINAL.pdf

[Dysphagia - healthcare professionals | HSC Public Health Agency](#)

[Mealtimes Matter Resources - 1](#)

[Palliative and end of life care resources | Healthcare professionals | Macmillan Cancer Support](#)

[Have that conversation on end of life planning | HSC Public Health Agency \(hscni.net\)](#)

**\*\*\*Please note: the above links are subject to change by their host organisation\*\*\***



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

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