# RQIA Provider Guidance 2018-19

# Nursing Homes

# 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

## Is Care Safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

## Is Care Effective?

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

## 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.

## Is Care Compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

# How We Will Inspect

We will inspect every nursing home at least twice every year.  Our inspectors are most likely to carry out unannounced inspections, however from time to time we may 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:

- seek the views of the people who use the service, and/or their representatives
- talk to the management and other staff
- examine a range of records including governance records, care records, incidents and complaints
- provide feedback on the outcome of the inspection to the registered persons/nurse in charge; and
- provide a report of our inspection findings indicating any areas for 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
- DHSSPS Care Standards for Nursing Homes, April 2015.

# What We Look For When We Inspect

To help us to assess 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 patients and clients 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 Care Standards for Nursing Homes (2015) Standard 41.
- The registered nurse in charge of the home, in the absence of the manager, is clearly identified on the duty rota.
- There is an induction programme in place appropriate to specific roles including temporary 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 regular supervision and annual appraisal.
- There is an established process to ensure staff are competent and capable for their specific role.
- A system is in place to ensure staff receive appropriate training to enable them to fulfil the duties of their role.
- Records of competency and capability of registered nurses, who are responsible for the home in the absence of the registered manager, are maintained.
- There are arrangements for monitoring the NMC / NISCC registration status of staff.
- Staff turnover is monitored.

**Recruitment and Selection**
- Staff recruitment is maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015.
- Staff recruitment information is available for inspection.
- 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 Nursing Homes Regulations (Northern Ireland) 2005: Regulation 19(2) Schedule 4 and DHSSPS Care Home Standards (2015); Standard 41.
- 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:**

**Adult 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), Co-operating 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) is in place.
- The Regional Adult Safeguarding policy and operational procedures are embedded into practice.
- The ASC's annual position report for the home is being collated for the year 2018/19.
- Staff are knowledgeable about safeguarding and are aware of their obligations in relation to raising concerns.
- Staff 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.

**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
- The home is clean, tidy and well maintained.
- All staff have received training in IPC in line with their roles and responsibilities.
- Staff are knowledgeable and have understanding of IPC practice in line with their role and responsibilities.
- Hand hygiene is a priority for the home.
- Personal Protective equipment (PPE) is readily available throughout the home.
- 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.
- Outbreaks of infection are managed in accordance with the home's procedures, reported to the Public Health Authority (PHA) and to RQIA.
- There is information available on IPC for patients, their representatives and staff.
- Healthcare Acquired Infection rates (HCAI) are monitored IPC practice is monitored and where necessary deficits are addressed.

**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.
- Patient equipment is checked as required. For example LOLER checks for lifting equipment such as hoists and slings.
- Restrictive practice is assessed, 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 Nursing Homes Regulations (Northern Ireland) 2005; Regulation 30.

**Falls**
- Falls are managed in line with locally agreed protocols. For example, use of the Falls Prevention Tool Kit.
- Staff are aware of fall prevention practices.
- Management monitors and analyse the incidences of falls occurring in the home. 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.
- Action plans are in place to reduce risk where possible.
- The home has an up to date fire risk assessment in place, and any recommendations made are being appropriately actioned.
- Adequate precautions are in place against the risk of fire, including the provision of suitable fire-fighting 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.
- There are no malodours detectable within the home or 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**
- Nutritional screening is undertaken on the day of admission and regularly thereafter.
- Changes in service user's weight are responded to appropriately.
- Where necessary services users' fluid intake is monitored. Records clearly demonstrate fluid intake/output and that nursing staff have evaluated and/or addressed any concerns.
- A nutritious and varied diet is provided which meets each service user's needs and preferences.
- Staff are aware of any matters concerning eating and drinking as detailed in service users' individual care plans.
- There are arrangements in place to refer service users to dieticians and speech and language therapists(SALT).
- Service users' care plans reflect the recommendations of SALT and/or dieticians.
- Full account is taken of relevant guidance documents or guidance provided by healthcare professionals.

**Wound Care and Pressure Area Care**
- Where required there is evidence of risk assessment and care planning for pressure ulcer prevention or treatment in the service users care plans.
- Referral is made to the Tissue Viability Team and/or GP as required, to ensure appropriate prescribing of wound treatments.
- Wound care is delivered in accordance with prescribed treatments and frequency.
- Records of wound care management reflect the prescribed plan and record effectiveness of treatment.
- Service user wound pain is assessed and appropriately managed.
- The home provide training for staff in the management of wounds.

**Record Keeping**
- A comprehensive holistic assessment of need is completed, recorded, reviewed, and updated as required; no less than annually.
- Risk assessments are completed, and reviewed as required.
- Care plans are developed, reviewed and updated as required to reflect the current needs of the service users.
- There is evidence of the involvement of service users and/or their representatives in developing the care plan.
- 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 Nursing Homes Regulations (Northern Ireland) 2005.
- Record keeping is maintained 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.

**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 that reassessments are undertaken as required.
- Daily progress records demonstrate the registered nurses' evaluation of the effectiveness of the delivery of care; or the actions taken when the care is not effective. This is in accordance with professional guidance and DHSSPS Care Standards for Nursing Homes 2015.
- As required a review of care is sought from the relevant healthcare professional.
- Audits are undertaken routinely and actions identified for improvement are implemented into practice.

**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 in accordance with DHSSPS Care Standards for Nursing Homes 2015; Standard 41.
- Service user / care review meetings are regularly undertaken.
- Multi-disciplinary working and professional collaboration is undertaken.
- Arrangements are in place for referral and re-referral to the multi professional specialist teams such as speech and language teams, occupational therapy, dieticians, tissue viability, and podiatry.
- Recommendations made by healthcare professionals in relation to specific care and treatments are clearly and effectively communicated to staff.
- There is an open and transparent culture within the home.
- Service users are aware of who to contact if they want advice or have any issues/concerns.
- Staff communicate effectively with service users.
- Arrangements are in place to support service users who have difficulty in communicating.
- Information and access to advocate services is available.

## Is Care Compassionate?

**Patients and clients 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 and 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 staff and observation of interactions evidence that service users are treated with dignity and respect.
- Discussion with service users and representatives evidences that service users are treated with dignity and respect.
- The spiritual and cultural needs of service users are met.
- 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.
- 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 Users' 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).
- Results of consultations/surveys are collated and evaluated to provide a summary report.
- Suggestions for improvement have been considered and/or addressed.
- Summary reports are made available to service users and their representatives.
- There is evidence that RQIA's complaints poster and leaflets are displayed/available.
- RQIA service user, staff and representative questionnaire responses will be included in this section.

# 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 for:**

### 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 Nursing 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 Care Standards for Nursing Homes; Standard 16.
- Arrangements are in place to audit complaints to identify trends and enhance service provision.

### Equality of Opportunity for Service Users
- The home is aware of equality legislation and recognise and respond to the diverse needs of service users.
- The home collects equality data on service users.
- Staff are trained to effectively engage with the diverse range of service users.
- The home manages and monitors equality issues raised by service users or their relatives/representatives as required.

### Compliments
- A copy of the compliments received is retained by the home.

### 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 Care Standards for Nursing Homes 2015.
- Notifiable events are reported to RQIA in accordance with The Nursing Homes Regulations (Northern Ireland) 2005: Regulation 30.
- Arrangements are in place to audit accidents/incidents to identify trends and to improve service provision and service users' safety.

**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 undertaken such as falls audit, wound audit, infection prevention and control audits; environmental audits and service user satisfaction surveys.
- Management maintain an overview record of the incidences of pressure ulcers, HCAI's, falls, and weight loss.
- Results of audits/monitoring are analysed and actions identified for improvement are embedded into practice.
- The outcomes of monitoring and audit inform the monthly monitoring report, as required in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.
- The Regulation 29 visit report is available for service users, their representatives, staff and Trust representatives.
- Visits by the registered provider, in line with Regulation 29 or Standard 35, shall produce reports of sufficient detail to provide assurance regarding the conduct of the home, the management and governance arrangements.
- Actions plans devised to address any areas or deficits are reviewed 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 and actions to be taken should they have a concern.
- 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 is available and reflects the requirements in accordance with the Nursing 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. The valid employer's liability certificate is displayed.
- Registered person/s respond to RQIA within required timeframes. For example, submission of Regulation 30 notifications and the return of reports/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 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.
- Engagement outcomes are used to drive and assure quality improvements.

# 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 identified for improvement to ensure the service is compliant with the relevant regulations and standards. Where no areas are identified for improvement against the regulations/standards at 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.

The Regulation and **Quality Improvement Authority**

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel**    028 9536 1111

**Email**    info@rqia.org.uk

**Web**    www.rqia.org.uk

🐦    @RQIANews

Assurance, Challenge and Improvement in Health and Social Care