



The **Regulation** and
Quality Improvement
Authority



Annual Quality Report 2017-18

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Introduction

This is RQIA's fifth Annual Quality Report, which provides an overview of how we align our quality improvement activities to Quality 2020's five strategic goals:

- Transforming the Culture
- Strengthening the Workforce
- Measuring the Improvement
- Raising the Standards
- Integrating the Care

Our report highlights examples of practice which we consider are significant in assuring and improving the quality of health and social care for all those in receipt of these services.

Foreword

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 register and inspect a wide range of independent and statutory health and social care services. We assure the quality of services provided by the HSC Board, HSC trusts and agencies - through our programme of reviews. We also undertake a range of responsibilities for people with mental ill health and those with a learning disability.

Through our work, RQIA provides assurance about the quality of care, challenges poor practice, promotes improvement, safeguards the rights of service users and informs the public through the publication of our reports.

In our ongoing drive to improve organisational performance, we were delighted to achieve ISO 9001 accreditation in February 2018. This followed an audit by an accredited International Organization for Standardization (ISO) certification body, which recognised the robust quality management governance systems and processes in place across RQIA. We will ensure a continued focus on maintaining this standard through a programme of ongoing internal audit.

RQIA is committed to contributing to the delivery of the Department of Health's Quality 2020 strategy through our programme of inspections and reviews, which aim to support and encourage continuous improvement in the quality of Northern Ireland's health and social care services. This report describes RQIA's progress in the areas of quality and continuous improvement in 2016-17 to support the delivery of the Quality 2020 goals.

Prof Mary McColgan
Interim Chair

Olive Macleod
Chief Executive

Strategic Goal 1: Transforming the Culture

We will make achieving high quality the top priority at all levels in health and social care. We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.

Governance and Assurance

RQIA's Board is responsible for the oversight of corporate performance and governance arrangements in the organisation. Through regular board meetings, board members assess corporate performance reports, which detail the organisation's progress against strategic and operational aims and objectives, and our commitment to quality improvement.

Our programme of internal audit provides our Board and the Department of Health with assurance on our governance arrangements. During the year, we audited the following areas: financial review; governance and board effectiveness; regulated services - inspections nursing homes; and information governance. RQIA's response to address the recommendations arising from each audit are shared with board members through RQIA's Audit Committee, which monitors progress through its meetings, and provides assurance to the full board. In their annual report, the Head of Internal Audit reported that there is a satisfactory system of internal control designed to meet RQIA's objectives.

Staff Meetings and Training

Each month, we hold staff meetings led by our chief executive and executive management team, where the latest news is shared with all staff and provide a platform for staff to share examples of best practice with colleagues across RQIA. They are also a platform for senior management to listen to staff and encourage them to be involved in decision making, problem solving and innovation. Our staff can also contribute to the agenda to ensure their relevance to employees at all levels. Following the meeting a minute is circulated to all staff to ensure those unable to attend are kept fully informed.

To ensure that staff are equipped to deliver RQIA's business objectives, organisational learning development activities continued throughout the year. This included a range of mandatory and job-specific training for staff across RQIA. In November 2017, we held a staff training week, 'Learning Together', where over 100 staff had an opportunity to attend 24 separate training sessions, ranging from adult safeguarding and infection prevention and control, to patient and public involvement.

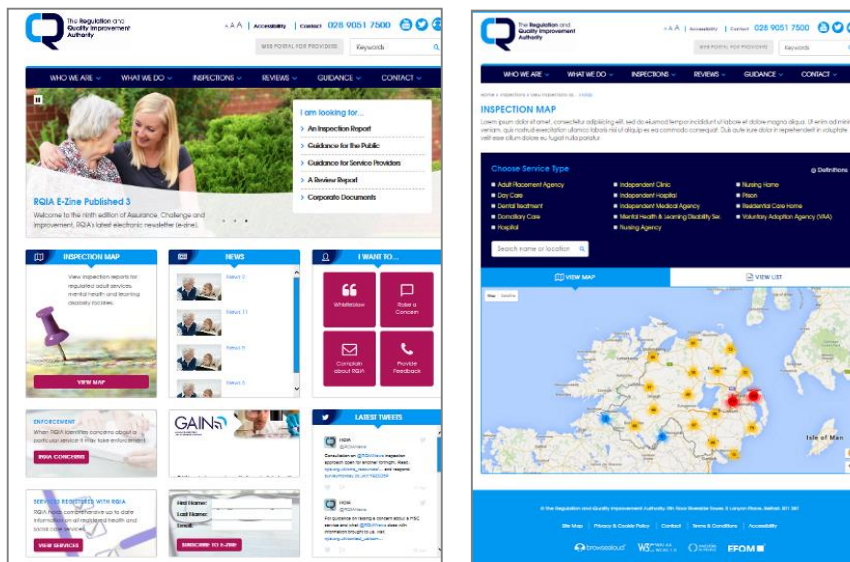
Our staff's individual training needs are also identified through annual appraisal where opportunities for professional and personal development are discussed. This ensures that each staff member has an opportunity to avail of training for their specific roles, to ensure that their knowledge and skills remain up-to-date.

Digital Communication

RQIA's main digital communication platform is our website, www.rqia.org.uk. This provides access to our latest news; almost 9,000 inspection reports for adult regulated services, hospitals, mental health wards and prisons; details of enforcement action; guidance for service providers and the public; our review reports; and guidance on complaints and whistleblowing.

Our site is Browsealoud enabled, to ensure it is fully accessible to those with sensory issues, dyslexia or low literacy, or English as a second language. This allows visitors to have pages simplified, magnified, speech enabled or translated into a range of languages.

During 2017-18, www.rqia.org.uk visits to our site increased by 22% to 165,000 visitors, with over half a million webpage views. The inspection report pages attracted over 200,000 views during this period, an increase of almost 50%.



There was continued interest in our enforcement actions, with over 23,000 page views. Our guidance to support anyone wishing to raise a concern about a health and social care service was accessed over 6,000 times during 2017-18.

Social Media

During the year, RQIA placed an increased focus on communication via our Twitter account: [@RQIANews](https://twitter.com/RQIANews). In response to stakeholder feedback, we posted all our public statements on Twitter to allow our followers direct access to our latest news. We also provided guidance on where to source information about our work including details of recently published inspection reports; opportunities to participate in the work of RQIA; and our engagement with stakeholders. During the year we increased our followers by around 45% to almost 2,500.

Engagement

During the year, RQIA met with a range of representative groups and fora to discuss the role of RQIA and opportunities for joint working to increase engagement with those in receipt of health and social care services.



RQIA's Communications Officer, David Silcock discusses our work at a Pensioner's Parliament event.

RQIA also committed to attending the 2018 Pensioners Parliament programme, which commenced in March, with events in each council area across Northern Ireland.

These events have provided RQIA with an opportunity to engage directly with older people and their representative organisations.

Driving Quality Improvements for Service Users

In every aspect of our work, our aim is to drive and support quality improvements for all those using health and social care services in Northern Ireland. We use our expertise and experience, and specific intelligence about each service - such as incident notifications, complaints and whistleblowing information - to ensure that our programme of inspection is appropriately focused. Our regulatory response is proportionate to the risks we may identify.

We also follow up any issues highlighted in previous inspections, to consider what has been done to address these matters, and to decide what further actions may be required.



During each inspection we engage with a wide range of people to provide us with a comprehensive insight into the quality of service. We speak with the people in receipt of care and their friends and relatives; staff members –management, front-line and ancillary staff; and visiting professionals – including GPs, district nurses, social workers, allied health professionals, and HSC trust care teams.

In early 2018, in response to people raising concerns about services we sought ways of improving how we can engage with service users and visitors.

We sought the views of people with relatives in care settings to develop a poster highlighting RQIA's role in inspecting these services, and encouraging service users and visitors to tell us about their experience in these homes. The resulting poster was then distributed for display in every nursing and residential care home in Northern Ireland.

Complaints about Health and Social Care Services

Under regional guidance for complaints published by the Department of Health in 2009 (Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning), complaints about any health and social care service must, in the first instance be investigated by the provider of the service. The provider is required by legislation to ensure that complaints are fully investigated and to make every attempt to achieve local resolution. Local HSC trusts have a continuing duty of care to the service user, and may also assist in resolving complaints through enhanced local resolution. Complainants can also receive advice and support in pursuing a complaint from the Patient and Client Council (PCC) at freephone: 0800 917 0222 or email: info.pcc@hscni.net.

Where local resolution is unsuccessful, a complainant can refer their concerns to the Northern Ireland Public Service Ombudsman (NIPSO). NIPSO can be contacted at freephone: 0800 343 424, or visit the Ombudsman's website at: <https://nipso.org.uk/nipso/>.

Help and Advice on Raising a Concern about a Care Service

While RQIA does not have legal powers to investigate complaints about health and social care services, we take every concern brought to our attention seriously. If a concern is raised with us about a health and social care service, we will use this information to inform our inspection or review work. We share the information received with our inspectors for the service, to determine whether there are any potential breaches of regulation or of standards and guidelines, or if any other issues that require the attention of RQIA.



In early 2018, we published two new guides which provide simple guidance on raising a concern or complaint about an independent service, (for example, a care home or domiciliary care agency) or about a health and social care service such as a hospital or mental health facility.

Each guide provides advice on how to raise a concern about a service, and details of organisations that can help you – including local health and social care trusts and the Patient and Client Council. If a complainant is dissatisfied with the service's response to their complaint, they may raise this matter with the Northern Ireland Public Service Ombudsman for their consideration.

Through our regulatory activities, RQIA also ensures that each provider has a complaints and investigations procedure in place. Where a complaint relates to a service not subject to regulation, such as a hospital or a mental health facility, we seek an assurance from the relevant health and social care trust that it has taken appropriate steps to address the complaint. Where relevant, we may use this intelligence to inform our hospital inspection programme or the work of our mental health and learning disability team.

Complaints about RQIA

During 2017-18, we received six complaints or expressions of dissatisfaction relating to the RQIA, which were managed in line with our complaints policy and procedure. Four of these complaints were resolved to the satisfaction of the complainant at Stage 1 of this policy. The other two complaints progressed to a review by the Stage 2 complaints panel, which determined that the complaints were not upheld.

These complainants were advised that if they remained dissatisfied with the outcome at Stage 2, they may wish to refer their complaint to the Northern Ireland Public Services Ombudsman, in writing, within six months of RQIA's final response.

To ensure learning from every complaint, RQIA disseminates all lessons from complaints to its staff.

Whistleblowing

Under public interest disclosure legislation, anyone wishing to raise concerns about wrongdoing in their workplace can bring these to the attention of RQIA. During the year, we were contacted by telephone, email and in writing by around 140 staff, from a range of statutory and independent health and social care settings, who wished to raise concerns about the quality and safety of the services being provided in their own workplace. These included: concerns around the quality of care provision, issues relating to staffing, and how services were being managed and general care concerns. While many staff provided their name and contact details, allowing us to seek further information on their concerns, others wished to remain anonymous.

This information provides RQIA with invaluable intelligence and insight into services, and we treat every instance of whistleblowing seriously. In each case we considered the information carefully to determine what action was required. We followed up these disclosures and sought assurances that the concerns were being addressed in an appropriate manner. Where necessary, we conducted unannounced inspections, to determine whether there were any concerns in relation to the quality and safety of care. In a number of cases this led to formal enforcement action to address the concerns identified and drive improvements in the quality for those using these services. In other cases we found no evidence to substantiate the allegations.

Strategic Goal 2: Strengthening the Workforce

We will provide the right education, training and support to deliver high quality service. We will develop leadership skills at all levels and empower staff to take decisions and make changes.

Commitment to Excellence

RQIA is strongly committed to ensuring that all our work is of the highest quality. We operate within a shared culture of excellence, underpinned by four core values that underpin how we work. In all that we do we will be fair and accountable, and act with integrity and respect. We live these values in how we do behave with service users, providers, carer and the general public and in how we act with each other.

RQIA Achieves IIP



In September 2017 , RQIA was awarded Investors in People (IIP) accreditation - the standard for people management. Earlier in the year, RQIA submitted a self-assessment, which was subject to external validation by IIP during a three day visit to RQIA in June, where the assessment team met with a wide range of staff at all levels within in the organisation.

RQIA's Kate Maguire and Mark Lynch accept award from IIP's Mark Huddleston

The IIP performance model provides a pathway to future progress, and a journey of continuous improvement, which aligns with RQIA approach to quality improvement.

ISO Accreditation

In late 2017, following a programme of improvement work within RQIA, our business processes were audited by an accredited International Organization for Standardization (ISO) certification body. In February 2018, RQIA achieved ISO 9001 accreditation. This international standard recognises the robust quality management governance systems and processes in place across RQIA.

This accreditation provides evidence internally to RQIA's staff and board and to our external stakeholders that we have robust governance systems and processes in place to deliver our core functions to the quality international standard ISO 9001:2015. To ensure a continued focus on maintaining this standard within RQIA, our processes are subject to ongoing audit.

RQIA's Staff

RQIA has a team of highly skilled staff, including nurses, social workers and medical staff. We monitor ongoing professional revalidation, which is integral to ensuring our staff maintain and develop their knowledge and skill in line with new and emerging models of care delivery across health and social care. Our Medical Director has a specific responsibility for leading and promoting quality improvement within the organisation and developing wider engagement with the sector on quality improvement initiatives across RQIA.

RQIA continued its participation in the ADEPT Clinical Leadership programme. During the year, RQIA, in partnership with Northern Ireland Medical and Dental Training Agency (NIMDTA), appointed a clinical leadership fellow. During their placement, they worked on a range of projects, including RQIA's new acute hospital inspection programme and a range of reviews, bringing additional clinical expertise to RQIA work programme.

Staff Policies

RQIA has a duty of care to every member of staff, supported with a comprehensive range of human resources policies and procedures. In addition, RQIA ensures compliance with relevant employment legislation in this area, including: Section 75 of the Northern Ireland Act, the Disability Discrimination Act 1995 and The Disability Discrimination (Northern Ireland) Order 2006.

To ensure that our staff are equipped to deliver against the objectives within RQIA's Business Plan, organisational learning development activities continued throughout the year. This included a range of mandatory and job-specific training for staff across RQIA. RQIA ensured that all staff have equal access to all career and organisational learning development opportunities in line with RQIA's Equality of Opportunity policy and the Agenda for Change terms and conditions.

RQIA is committed to working with the Equality Commission in all aspects of equality and diversity in employment and occupation. RQIA is an equal opportunity employer and its policies and procedures are developed in line with equality legislation to ensure equal treatment for all.

RQIA takes a partnership approach to working with staff in conjunction with trade union representatives through its Joint Negotiating and Consultative Forum. The forum continued to meet during the year, acting as a reference group for good practice and a focus for consultation and negotiation on policies and issues affecting the organisation.

Sickness absence

During 2017-18, 2,043 days were lost through sickness, an absence rate of 7.48% against a target of 4.36%. This compares to a rate of 4.32% in 2016-17. This figure includes a significant level of long term sickness absence. RQIA manages all sickness absence in line with its attendance management policy and associated procedures.

Social, Community and Environmental Matters

Throughout the year, RQIA continued its focus on energy reduction, recycling office waste, promotion of healthy lifestyles and use public transport. In 2017-18, we established a health and wellbeing group to coordinate our activities in this area. These included:

- introduction of an online health and wellbeing hub as an information resource to support staff.
- participation in a number of healthy lifestyle challenges including: Active Belfast Challenge in conjunction with Public Health Agency, Belfast HSC Trust, Business Services Organisation, Belfast City Council and Sustrans; and Global Corporate Challenge.
- awareness and learning events for staff with a focus on diabetes, dyslexia; stress management; personality disorders; disability in the workplace; and suicide awareness.
- blood donation sessions for employees of organisations accommodated at Riverside Tower, Belfast
- charity collections, including a MacMillan coffee morning.

Strategic Goal 3: Measuring the Improvement

We will improve outcome measurement and report on progress for safety effectiveness and the patient/client experience. We will promote the use of accredited improvement techniques and ensure that there is sufficient capacity and capability within the HSC to use them effectively

Regulation of Services

RQIA is responsible for the registration and inspection (regulation) of a range of health and social care services. At 31 March 2018, 1,448 services were registered with RQIA (see Table 1), an increase of 20 from the previous year. We also inspect 23 young adult supported housing services and six school boarding departments each year, however, these services are not required to register with RQIA.

Table 1: Number of Registered Services by HSC Trust at 31 March 2018

Type of Service	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	Total
Adult Placement Agencies						4
Children's Homes	12	7	10	8	8	45
Day Care Settings	29	23	22	28	56	158
Domiciliary Care Agencies - Conventional						113
Domiciliary Care Agencies - Supported Living						181
Independent Clinics	3		1	1		5
Independent Hospitals	26	10	7	8	10	61
Independent Hospitals - Dental Treatment	94	85	67	73	59	378
Independent Medical Agencies						5
Nursing Agencies						37
Nursing Homes	46	67	54	49	32	248
Residential Care Homes	43	58	53	21	34	209
Residential Family Centres	1					1
Voluntary Adoption Agencies						3
Total	254	250	214	188	199	1,448

When registering care homes, day care settings, residential family centres and independent hospitals we specify the maximum number of places a service is registered to accommodate. In the case of dental treatment we specify the maximum number of chairs (see Table 2).

Table 2: Maximum Number of Registered Places by Service Type at 31 March 2018

Type of Service	Number of Registered Places/Chairs (where applicable)
Adult Placement Agencies	n/a
Children's Homes	298
Day Care Settings	6,527
Domiciliary Care Agencies	n/a
Domiciliary Care Agencies – Supported Living Services	n/a
Independent Clinics	n/a
Independent Hospitals	197
Independent Hospitals – Dental Treatment	1,192
Independent Medical Agencies	n/a
Nursing Agencies	n/a
Nursing Homes	11,362
Residential Care Homes	4,643
Residential Family Centres	15
Voluntary Adoption Agencies	n/a

Registration Activity

This year, RQIA processed 865 applications for changes to the registration of services. These included the registration of new services, managers or providers (606); variations to existing registrations (220); and deregistration of services (39).

During 2017-18, the total number of residential homes across Northern Ireland increased by 14. While this number had steadily decreased in each year from 2013 to 2017, this can be attributed to the registration of residential beds in nursing homes as new residential homes. Otherwise, the total number of residential homes would have fallen by four.

Overall, the northern and south eastern trusts had the greatest increase in services, with five each; Belfast Trust had an increase of three services; Southern Trust an increase of one; and numbers in Western Trust remained unchanged on the previous year. The greatest increase in registered services for any service type by trust was eight additional residential homes in the Northern Trust.

A decrease of four domiciliary care agencies (3.4%) may be attributed to the impact of the new tender arrangements (particularly in the Western Trust area), which substantially reduced the number of domiciliary care agencies which that trusts contract with. It is likely that the number of conventional domiciliary care agencies may decrease further if these tender arrangements take place in other trusts. Agencies which do not obtain trust contracts may close (if they do not have private clients), or alternatively may be taken over by other larger companies, which is a trend we have already seen.

Inspection Activity

Our approach to regulation aligns with the Better Regulation Commission's principles of good regulation, and the Hampton Principles. We aim to be: transparent; accountable; proportionate; consistent; and targeted. Our inspections examine compliance with regulations and care standards, and assess: is care safe, effective and compassionate. We also consider whether the service is well led, as it is our experience that where a service has a strong manager, the care delivery meets the standard rightly expected by the public.

We are required to inspect every care home (nursing, adult and children's residential care) at least twice a year, while we inspect all other services at least once each year (with the exception of voluntary adoption agencies, which are inspected once every three years). During 2017-18, we met this statutory requirement. We may conduct additional inspections at any time where we wish to gather further information about a service, or when we are responding to intelligence or concerns.

During 2017-18, we conducted 2,510 inspections of services (see Table 3). In addition to our inspection visits, we also conducted 21 financial assessments and 43 medicines management assessments.

We have a team of experienced nurses, social workers, pharmacists, estates and finance officers, who examine care, medicines management, estates issues, and arrangements for safeguarding service users' finances.

The majority of our care inspections are unannounced, taking place with no advance notice to the provider. At nursing homes and adult and children's residential care homes over 95% of our care inspections are unannounced.

Where a service may need to reschedule patient appointments to facilitate an inspection, or where we are following up on enforcement action, we may notify the provider of our intention to visit.

Table 3: Inspection Activity by Category of Service and Type of Inspection for the Period 1 April 2017 to 31 March 2018

Category of Service	Care	Estates	Finance	Pharmacy	Total
Adult Placement Agencies	4				4
Children's Homes	92	5		22	119
Day Care Settings	162	6			168
Domiciliary Care Agencies- Conventional	125				125
Domiciliary Care Agencies- Supported Living	184		3		187
Independent Clinics	5				5
Independent Hospitals	70	8		4	82
Independent Hospitals- Dental Treatment	394	8			402
Independent Medical Agencies	5				5
Nursing Homes	392	85	29	225	731
Nursing Agencies	38			1	39
Residential Care Homes	419	39	49	104	611
Residential Family Centres	1				1
School Boarding Departments	6				6
Voluntary Adoption Agencies	2				2
Young Adult Supported Housing	23				
Total	1,922	151	81	356	2,510

In terms of our other inspections, the majority of estates inspections (78%) are announced, as we may need to engage with specialist non-care personnel, such as architects, fire safety or engineering staff; whilst the vast majority of medicines management inspections (97%) are unannounced. (See Table 4).

Table 4: Breakdown of Announced/Unannounced Inspection by Specialism (1 April 2017 - 31 March 2018)

Specialism	Announced	Unannounced	Total	Announced %	Unannounced %
Care	564*	1358	1922	29%	71%
Estates	118	33	151	78%	22%
Finance	18	63	81	22%	78%
Pharmacy	9	347	356	3%	97%

* includes 464 inspections at dental surgeries and independent hospitals

At present, the Department of Health is reviewing the fees and frequency of inspection regulations. This may result in changes to the frequency of inspections across a range of service categories and changes in registration fees. It is anticipated that the new regulations will take effect from 2019-20.

Quality Improvements for Service Users

In every aspect of our work, our aim is to drive and support quality improvements for all those using health and social care services in Northern Ireland. We use our expertise and experience, and specific intelligence about each service - such as incident notifications, complaints and whistleblowing information - to ensure that our programme of inspection is appropriately focused. Our regulatory response is proportionate to the risks we may identify.

We also follow up any issues highlighted in previous inspections, to consider what has been done to address these matters, and to decide what further actions may be required.



During each inspection we engage with a wide range of people to provide us with a comprehensive insight into the quality of service. We speak with the people in receipt of care and their friends and relatives; staff members – management, front-line and ancillary staff; and visiting professionals – including GPs, district nurses, social workers, allied health professionals, and HSC trust care teams.

In early 2018, in response to people raising concerns about services we sought ways of improving how we can engage with service users and visitors.

We sought the views of people with relatives in care settings to develop a poster highlighting RQIA's role in inspecting these services, and encouraging service users and visitors to tell us about their experience in these homes. The resulting poster was then distributed for display in every nursing and residential care home in Northern Ireland.

Guidance for Service Providers



Delegates at RQIA's joint workshop with NISCC and NMC, Enniskillen

In March 2018, in partnership with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC), RQIA held workshops for managers of regulated services in Newtownabbey and Enniskillen, attended by over 200 delegates. At the events we provided a range of guidance to support registered managers in their work.

This included details of RQIA's expectations of the registered manager; induction for new managers; the role of NMC; and continuous professional development for social workers.

Supporting Quality Improvement

To support continuous improvement in services, at the end of every inspection we give the provider verbal feedback on our findings, including details of any issues that requires their immediate attention. This is followed up with a written report that includes a quality improvement plan, setting out areas for improvement, aligned to relevant care standards, and/or service specific regulations.

We require the service to provide their response, detailing their proposed actions to address our recommendations and requirements, within a stated timescale. We publish this as an integral part of our inspection report on our website at: www.rqia.org.uk/inspections. Our latest inspection report should also be freely available from the service.

Incident Reporting

In line with legislation, providers of regulated services are required to notify RQIA of certain categories of incidents that occur within their service. The types of incidents that are notifiable vary by service category and may include: accidents; illness; injury; misconduct; deaths; and those requiring police involvement. This information provides RQIA with invaluable intelligence in relation to each service.

During 2017-18, we received over 19,000 incident notifications. Each notification is risk assessed by our inspector for the service to determine if any action is required to ensure the safety, protection and wellbeing of all those using this service. Our regulatory response may include inspection or enforcement, or we may contact the service provider for further information. Where there are safeguarding concerns, investigations will be led by the relevant health and social care trust or the Police Service for Northern Ireland in line with Adult Safeguarding Policy Prevention and Protection in Partnership, July 2015, or the Co-operating to Safeguard Children and Young People in Northern Ireland, March 2016.

Enforcement Action in Regulated Services

RQIA is committed to ensuring that every regulated health and social care service complies with service-specific regulations and care standards. Where a service breaches regulations, or fails to meet the required care standards, RQIA will take appropriate action.

We may take enforcement action against a regulated service where significant and/or repeated failings are identified, whether through our inspection activity or through intelligence such as concerns, complaints or whistleblowing

We have a range of powers and enforcement measures available to drive improvements in safety and quality for all those using the services. In line with the principles of good regulation, any intervention by RQIA aims to be proportionate to the identified and assessed risk.

These include:

- areas for improvement linked to regulations, care standards, detailed in inspection reports, quality improvement plans
- an improvement notice - where a service is failing to meet relevant standards
- a notice of failure to comply with regulations - where a service is in breach of regulations
- a notice of proposal, which sets out the action that RQIA intends to take with respect to cancellation of registration, variation, imposing or removing conditions on registration.
- a notice of decision confirming actions outlined in a notice of proposal
- cancellation of registration
- an urgent procedure for cancellation of registration, where we believe there is a serious risk to a person's life, health or wellbeing

We may take prosecution action in parallel with other enforcement activity. We may also consider prosecution for failure to register when a person is providing an unregistered service, which is subject to regulation, to ensure compliance with legislation and for the protection of those availing of the service. RQIA can also recommend that the Department of Health takes special measures in relation to a HSC service provider to improve services, where there are significant failings in the way it is being run.

Services Subject to Formal Enforcement Action

During 2017-18, RQIA took formal enforcement action in relation to breaches in regulation at registered health and social care services on 26 occasions. Table 5 provides a breakdown of these actions.

Table 5: Escalated Enforcement Action during 2017-18

Category of Service	Number of occasions enforcement action taken	Number of services in receipt of enforcement action
Private dental practices	4	4
Children's residential care	1	1
Day care setting	1	1
Domiciliary care agencies	3	3
Northern Ireland Ambulance Service Trust	3	3
Nursing homes	9	8
Residential care homes	5	4
Total	26	24

Our actions included issuing: improvement notices; notices of failure to comply with regulations; and notices to place conditions of registration on services. Concerns identified included those relating to the quality of care provision; recruitment; staffing; management and governance; management of service users finances; estates and fire safety.

In late August 2017, for the first time, RQIA sought an urgent order for the closure of a service through the courts. Ashbrooke Care Home, a nursing home operated by Runwood Homes Ltd, in Enniskillen was closed, due to systemic care failings identified by RQIA inspectors, and serious concerns in relation to the management of the home. In September 2017, Runwood Homes Ltd who operated this service challenged this decision through the Care Tribunal, part of the Northern Ireland Courts and Tribunal Services. However, this appeal was subsequently withdrawn.

In March 2018, the Department of Health accepted RQIA's recommendation to implement a special measure to strengthen governance and assurance arrangements within the Northern Ireland Ambulance Service Trust (NIAS). This was as a result of insufficient progress to address issues identified by RQIA during inspections of a number of ambulance stations across Northern Ireland in July 2017 and February 2018. Here, RQIA identified concerns relating to governance and infection prevention/hygiene practice. RQIA recommended the secondment into NIAS of a senior practitioner with experience in infection prevention/control and governance and assurance for a period of three months in the first instance.

During the year, we prosecuted one unregistered service, providing treatments using certain classes of laser or intense pulsed light (IPL), which received a fine of £600 plus costs.

Service User Engagement in Domiciliary Care

RQIA is committed to involving service users and their representatives in our inspections. However, this can be a challenge where services such as domiciliary care are delivered in people's own homes, in supported living and adult placement settings. To ensure we hear the views of those in receipt of this care, our user consultation officer, spoke to over 800 service users or their representatives by telephone, or with their permission, in their own homes, where we also reviewed documentation, including records of the care provided.

In the majority of cases it is encouraging to note a high level of satisfaction from service users and their representatives about their domiciliary care. However, a small number of concerns were raised, relating to: staff attitude; quality of work; length of calls; missed calls; timekeeping; and consistency of staffing.

To drive improvements, this feedback is shared with our inspectors and noted in our inspection reports. Any concerns identified are followed up with the management of the service, and where necessary, addressed through the quality improvement plan within the inspection report.

RQIA Review Activity

2017-18 was the final year of RQIA's three review programme 2015-2018, developed during 2014-15. Our planned programme builds on the work carried out in our previous reviews, and covers a wide range of both hospital and community-based services. During the year, we concluded work from this programme, and in response to learning over this period, we moved to develop a rolling one-year programme. This comprises in-depth reviews, which respond to current events, and others that meet the emerging and developing needs of our wide range of stakeholders.

In planning and reporting on the findings of our reviews, we focus on whether care is safe, effective and compassionate; and the quality of leadership within a service. The findings from each review are submitted to the Department of Health for their attention and consideration.

RQIA's review programme includes those initiated by RQIA, and others commissioned by the Department of Health. During 2017-18, work continued on six reviews initiated by RQIA. These examined:

- Emergency Mental Health Service Provision across Northern Ireland
- General Paediatric Surgery in Northern Ireland
- Governance Arrangements for Child Protection in the HSC in Northern Ireland: Phase I
- Implementation of the Developing Better Eyecare Partnerships Strategy
- Out of Hours General Practitioner Service
- Services for Children with a Disability

We also worked on four reviews commissioned by the Department of Health, which examined:

- Governance in Independent / Private Hospitals
- Implementation of NICE Clinical Guideline CG 174: Intravenous Fluid Therapy in Adults in Hospital
- Service Frameworks
- Use of Restraint and Seclusion

It is anticipated that we will publish our findings from these reviews during 2018-19.

During the year, we published the findings of two reviews. These examined: the regional plastic surgery service; and the implementation of the Dental Hospital Inquiry Action Plan (July 2013). In addition to a detailed report, we also published a short summary leaflet, highlighting our key findings.

RQIA Review of Northern Ireland's Plastic Surgery Service

In June 2017, we published the findings of RQIA's Review of the Regional Plastic Surgery Service in Northern Ireland.



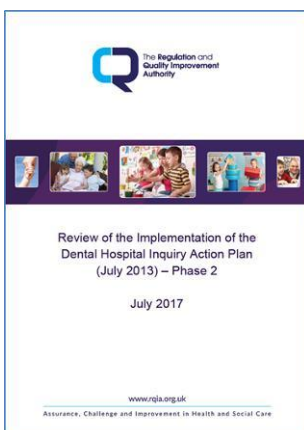
Northern Ireland's regional plastic surgery service provides treatment to people of all ages with a wide range of conditions, including cancer, congenital conditions, burns and trauma.

During this review, we found that the service is unable to meet its targets for urgent referrals, and is not complying with joint orthopaedic – plastic surgery best practice standards. The review team noted that due to a shortage of trained surgeons, access to microsurgical breast reconstruction was limited.

The commissioning direction for this service was published ten years ago, and since then there has been a significant increase in demand from cancer and trauma cases, impacting on capacity to deliver non-urgent elective cases.

The review team considered that the service needs assistance to meet increasing demand, and improved opportunities for doctors in training in all aspects of plastic surgery. We made 10 recommendations to support improvement to take the service forward in the future. These included a call for a single service, funded to employ additional consultant plastic surgeons to meet the increasing demands.

RQIA Review of the Implementation of the Royal Dental Hospital's Inquiry Action Plan



In 2013, an independent inquiry into the Royal Dental Hospital made a series of recommendations for improvement at the service.

In 2017, RQIA returned to the Dental Hospital, where we noted insufficient progress to address the outstanding actions. RQIA's review team made five recommendations to the Belfast Trust to support the full implementation of the 2013 Dental Hospital Inquiry Action Plan.

Hospital Inspections

During the year, RQIA continued its programme of hospital inspections across Northern Ireland, which included infection prevention and hygiene inspections; and inspections of acute hospitals and augmented care services. (See Table 6).

Table 6: RQIA Unannounced Hospital Inspections 2017-18

Inspection Type	Number of Inspections	Number of Clinical Areas
Acute Hospital	4	10
Augmented Care	7	7
Infection Prevention and Hygiene	4	6
Total	15	23

In all these inspections, in areas where there is good ward and service leadership these are reflected in their strong performance in terms of quality and safety.

Acute Hospital Inspection Programme

In 2017-18, our healthcare team continued RQIA's programme of acute hospitals inspection with unannounced inspections at Causeway in Coleraine; Royal Belfast Hospital for Sick Children; and South West Acute in Enniskillen.

We wish to provide assurance to the public, and in our reports we highlight what is working well, and where improvements are needed. Our focus is on improving the quality of care and reducing harm to patients.

At each hospital we inspect a number of clinical areas, where we assessed if care was safe, effective and compassionate, and the quality of leadership and management at the service. During each inspection, we visit a number of specific clinical areas. Our inspections are unannounced and we give no advance notice of the time or date of our visits. To ensure we provide a clear view of the overall performance of each area inspected, we examine the hospital environment; observe practice; speak to patients, families and staff; and examine evidence including: patient records, policies and other relevant documentation.

In addition to RQIA inspectors, our teams include doctors, nurses, pharmacists and allied health professionals - who are engaged in the daily delivery of health and social care services elsewhere in Northern Ireland, as peer reviewers. Equally important is the involvement of lay assessors - service users and members of the public, who bring a fresh insight and a public focus to our inspections.

In our inspections we observed: hardworking, compassionate staff; good multidisciplinary teamwork; a range of quality improvement initiatives in progress for example - food service, patient flow, end of life care, elderly care, and patient feedback; and ongoing learning from previous RQIA inspections.

We also noted the impact of nursing staff shortages and gaps in medical cover; and issues relating to access to allied health professionals, social workers and pharmacy staff at certain times.

Patients and relatives told us that they were happy with their care, which respected privacy and dignity. However, some highlighted challenges for nursing staff during busy periods.

Augmented Care

RQIA also inspects a range of clinical areas where patients are at a higher risk of developing an infection. These are known as augmented care areas, and include: neonatal and special care baby units; paediatric intensive care; adult intensive care, including cardiac; burns units; renal (dialysis) units; renal transplant units; high dependency; haematology; and oncology services.

During 2017-18, we completed our programme of inspection at the seven neonatal units across Northern Ireland, which found they are working to comply with regional audit tools in governance, clinical practices and cleanliness and infection prevention and control, with staff committed to improvement.

Infection Prevention and Hygiene Inspection Programme

Our programme of infection prevention/hygiene inspections, take an intelligence-based approach, with a clear focus on practice in areas crucial to the prevention of health care associated infections.

During 2017-18, we were pleased to report that no clinical area inspected was assessed as minimally compliant (a score below 75%) with specific regional healthcare hygiene and cleanliness standards. However, a reduction in the number of areas achieving a compliant level of assessment (a score over 85%) indicates the need for a continued focus on the achievement of best practice standards. (See tables 7 and 8.)

We publish reports of our findings on our website, which include details of the actions being taken by the service in response to concerns we have highlighted. Where we have specific concerns relating to a particular service we may conduct a follow-up inspection.

Table 7: Overall Compliance Levels for Unannounced Infection Prevention/ Hygiene Inspections, 2012-18*

Overall Compliance	2013-14 (%)	2014-15 (%)	2015-16 (%)	2016-17 (%)	2017-18 (%)
Compliant	88	91	85	100	83
Partial Compliance	12	7	10	-	17
Minimal Compliance	-	2	5	-	-

* Excludes the augmented care and hospital inspection programme inspections, which were inspected against separate, specific standards

Table 8: Compliance with Individual Regional Healthcare Hygiene and Cleanliness Standards*, 2017 - 18

Inspection Standard	Number of areas compliant with inspection standard	Number of areas partially compliant with inspection standard	Number of areas minimally-compliant with inspection standard
General Environment	5	1	-
Patient Linen	6	-	-
Sharps	5	-	1
Waste	6	-	-
Patient Equipment	5	1	-
Hygiene Facilities	6	-	-
Hygiene Practices	6	-	-
Total	39	2	1

* Excludes the augmented care and hospital inspection programme inspections, which were inspected against separate standards.

Ionising Radiation (Medical Exposure) Regulations

Under the Ionising Radiation (Medical Exposure) (Amendment) Regulations (Northern Ireland) 2010 (IR(ME)R), RQIA conducts a programme of inspections of services performing x-rays and other radiological procedures. These include nuclear medicine, radiotherapy and diagnostic imaging services. During the year, RQIA conducted three IR(ME)R inspections, with support from Public Health England (PHE) (see Table 9). All RQIA's IR(ME)R inspection reports are published on RQIA's website at www.rqia.org.uk.

Table 9: IR(ME)R Inspections 2017-18

Facility	Date
Orthoderm – Alliance Medical Diagnostic	16 January 2018
Kingsbridge CT Scanning Centre Diagnostic	17 January 2018
Altnagelvin Cancer Centre Radiotherapy	31 January 2018

Strategic Goal 4: Raising the Standards

We will establish a framework of a clear evidence-based standards and best practice guidance. We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review

RQIA CLINICAL AUDIT PROGRAMME

RQIA's audit team promotes safety and quality in health and social care through quality improvement, clinical audits and the development of guidelines. Outcomes for patients, clients and carers are improved through the development and integration of regional guidelines and audit, and their implementation by HSC organisations.

During 2017-2018, we published the results of an audit relating to medicines reconciliation on the immediate discharge document. We also published guidelines on the rehabilitation of patients with metastatic spinal cord compression assessment.

Work was ongoing on a range of audits and guidelines, which are due to be published during 2018-19:

- Northern Ireland asthma audit
- Standardisation of physical and mental health monitoring and recording in line with shared care guidance for those with a diagnosis of adult attention deficit hyperactivity disorder (ADHD) on stimulants in Belfast outpatient clinics
- Planning birth at home in Northern Ireland
- The use of mid-urethral tapes for the management of urinary stress incontinence
- Implementation of an electronic method to improve quality of physical health monitoring in patients with mental health conditions
- How current practice of Prostate Specific Antigen (PSA) testing fits with local and national guidelines
- Quality improvement project to reduce the delays in medication administration and improve communication in the committal process in HMP Maghaberry
- Performance audit of ultrasound imaging systems within Northern Ireland

Personal and Public Involvement

RQIA's Corporate Strategy 2017-21 clearly states our commitment to engage and involve service users and stakeholders to ensure they are at the heart of our activities, supporting us to improve our effectiveness.

In our inspections and reviews we work to involve our team of committed lay assessors to observe the care patients receive and to interview patients, their relatives or carers about their experience of the service.

Our lay assessors are members of the public who brings their own experience, fresh insight and a public focus to our assessment of health and social care services.

This provides an invaluable perspective on care quality and provision which adds great value to our inspection and review activities.

RQIA is committed to effective engagement with the public and stakeholders to achieve improvements in the safety and quality of services, and personal and public involvement (PPI) is fundamental to how we meet our objectives.

Strategic Goal 5: Integrating the Care

We will develop integrated pathways of care for individuals. We will make better use of multidisciplinary team working and shared opportunities for learning and development in the HSC and with external providers.

Partnership Working

RQIA has developed strong and effective partnerships with its peer organisations include health and social care systems regulators, inspectorates and professional regulatory bodies across the United Kingdom and Ireland. Through this engagement we have an opportunity to share best practice in regulation and to benchmark our work with peer organisations.

At a local level, we continue to build on the positive relationships with our sponsor body – the Department of Health, and other health and social care organisations including: the HSC Board, HSC trusts, the Public Health Agency; NISCC; Patient and Client Council; Northern Ireland Guardian Ad Litem Agency; Northern Ireland Practice and Education Council for Nursing and Midwifery and Northern Ireland Medical and Dental Training Agency. We participate in regular one-to-one liaison meetings to discuss areas of common interest and issues of concern.

We also work in partnership with other stakeholders including: Criminal Justice Inspection Northern Ireland; Education and Training Inspectorate; Her Majesty's Inspectorate of Prisons: Northern Ireland Commissioner for Children and Young People; the Commissioner for Older People for Northern Ireland; and The Prisoner Ombudsman for Northern Ireland.

During the year we also continued constructive engagement with a range of stakeholder representative organisations, including: the Independent Health and Care Providers); UK Homecare Association; British Dental Association; and the Association for Real Change.

To support cooperation in joint working and information sharing, RQIA developed new memoranda of understanding with the Nursing and Midwifery Council, and an information sharing protocol with the Northern Ireland Public Services Ombudsman.



Colleagues from NMC (left) and Care Inspectorate Scotland (right) with RQIA

We met with staff representative bodies regularly to discuss issues affecting staff across RQIA, including NIPSA, UNISON, Unite and the Royal College of Nursing (RCN), through our Joint Negotiating and Consultative Forum (JNCF).

Political Engagement

RQIA continued its engagement with political representatives, through meetings with party political health and social care spokespersons.

In partnership with the General Medical Council, Pharmaceutical Society of Northern Ireland, NISCC, Patient and Client Council, and Northern Ireland Confederation for Health and Social Care, RQIA continued its attendance at the main political party conferences. These provide us with an opportunity to engage directly with party members, local councillors, MLAs and MPs on our ongoing work, and to highlight RQIA's relationships with other systems and professional regulatory bodies.

Looking Ahead

RQIA strives to be a driving force for improvement in the quality of health and social care in Northern Ireland across its full programme of work. We continue to inspect, review and report on our four stakeholder outcomes of safe, effective, compassionate, and well-led care.

RQIA continues to focus on building the capability and capacity of our staff to ensure they have the necessary knowledge and skills to support improvements in quality that result in better outcomes for those in receipt of health and social care.

To improve how we support both providers and users of health and social care services across Northern Ireland, during 2018-19, we will implement a new structure for RQIA, following a review of our workforce.

In delivering on our priorities into the future, our work will be delivered by two directorates placing a clear focus on assurance and quality improvement, with a business unit providing the support services to the organisation. We wish to continue to improve our leadership, people, customer relations and processes, to make it easier to do business with and within RQIA, and align our people resources to ensure we are best placed to respond to the changing external environment.

To support proposed changes to the frequency of inspections, in partnership with Ulster University, we have developed a risk-adjusted, dynamic and responsive (RADaR) inspection framework to identify, quantify and respond to regulatory risks more robustly. It aims identify those services where the quality of care is poor or changing and as such may require additional inspection. This will enable RQIA to focus its resources on organisations, sectors and issues that present the highest regulatory risk and ensure our inspection programme is appropriately focused and proportionate.

During 2018-19, we will pilot RADaR to test and refine this approach, prior to its development for use across all RQIA's inspection programmes.



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