



RQIA Provider Guidance 2017-18

Nursing Homes

www.rqia.org.uk

Stakeholder Outcomes



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

- 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.
- 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.
- The deployment of staff and the delivery of care is observed to meet the needs of the service users.

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

- 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.
- There are arrangements in place to identify the Adult Safeguarding Champion.
- There are arrangements in place to embed the new regional operational safeguarding procedures.
- 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

- 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.
- 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.
- Falls are managed in line with locally agreed protocols.
- Notifiable events are reported to RQIA in accordance with The Nursing Homes Regulations (Northern Ireland) 2005; Regulation 30.

Indicator S4

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

Examples of Evidence

- The home is clean and warm.
- The home is free from malodours.
- There are no obvious hazards to the health and safety of service users and staff both internally or within the grounds of the home.
- Effective fire prevention and safety precautions are adhered to.

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

- 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.
- 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

- 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.
- Information and access to advocacy services is available.

Indicator E3

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

Examples of Evidence

- 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 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.

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

- 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.
- There is access to religious/spiritual support as required.
- 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

- 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

- 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.
- 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

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.

Incidents

- 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

- 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.
- Results of audits are analysed and actions identified for improvement are embedded into practice.
- The monthly monitoring report, as required in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005, is undertaken, and the report is available for service users, their representatives, staff and Trust representatives.

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

- There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all staff.
- Staff are aware of their roles and responsibilities and actions to be taken should they have a concern.
- The registered person/s have 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

- The home's Statement of Purpose and Service User Guide is available and is 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 - public & employers liability. The valid certificates are displayed.
- Registered person/s respond to regulatory matters (e.g. notifications, return of reports/QIPs).

Indicator L5

There are effective working relationships with internal and external stakeholders.

Examples of Evidence

- 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 to attend regular meetings or to participate in quality assurance surveys, care management reviews or to avail of advocacy services.
- Engagement outcomes are used to drive and assure quality improvements.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)