



The **Regulation** and  
**Quality Improvement**  
Authority



**Consultation on RQIA's  
Revised Inspection Policy  
For Regulated Services**

**Opens 1 March 2016**

**Closes 29 April 2016**

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

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Assurance, Challenge and Improvement in Health and Social Care

## **Introduction**

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.

## **Consultation on RQIA's Proposed Approach to Inspection**

This document sets out the proposed changes to RQIA's approach to inspection of regulated services show our new methodology of inspection and of reporting on outcomes will improve our inspection processes and have a positive impact on the outcomes for service users.

We are seeking your views on our proposal to inspect and report on leadership within regulated services, and on how we report our assessment of a service against four levels of achievement.

You are invited to read RQIA's proposals, and to respond to our public consultation questions at [www.rqia.org.uk/publications/consultation\\_documents.cfm](http://www.rqia.org.uk/publications/consultation_documents.cfm) no later than 29 April 2016.

## **Revised Inspection Policy**

In 2015, following public consultation, RQIA published its Corporate Strategy 2015 to 2018, which described three stakeholder outcomes of safe, effective and compassionate care.

These underpin all our work, and since April 2015 we have been undertaking inspections and reviews to examine and report on the quality of health and social care services against these outcomes.

During 2016-17, RQIA proposes to build on this approach through the addition of a leadership domain. We believe that the governance, leadership and management of a service is a crucial indicator of the quality of service delivery for those using the service. We propose to introduce a revised approach to inspection where we will inspect against four stakeholder outcomes, examining:

- Is Care Safe?
- Is Care Effective?
- Is Care Compassionate?
- Is the Service Well-led?

The four stakeholder outcomes are defined as:



RQIA will continue to regulate and inspect using the Principles of Good Regulation, Better Regulation Task Force 1997 (revised March 2015):

Proportionate	Regulators should only intervene when necessary. Remedies should be appropriate to the risk posed.
Accountable	Regulators must be able to justify decisions and be subject to public scrutiny.
Consistent	Standards must be implemented fairly.
Transparent	Regulators should be open and keep regulations simple and user-friendly.
Targeted:	Regulation should be focused on the problem and minimise side effects.

### Regulations and Standards

RQIA undertakes the majority of inspections on an unannounced basis, as we believe that all services should be inspection ready at all times. RQIA will continue to assess compliance with the legislative framework of regulations and associated standards. All services are required to be aware of their responsibility to provide a service that meets the regulations and standards relevant to their service. (see appendix 1.0 of the inspection policy)

## How We Will Make Our Assessment


We will use the following evidence based assessment framework to report on the outcome of our findings for each of the four domains. Each domain (safe, effective, compassionate and well led) is assessed separately and independently of each other. Our assessment of each domain is based on the evidence relevant to the inspection. We will attribute one of the following levels of achievement to each domain.

Assessment Criteria			
	Service Provision	Service User Outcomes	Regulatory Response
<b>Excellent</b>	Outstanding delivery of safe, effective, compassionate care, or well led service, is evident on inspection.	There is evidence, over time, of positive outcomes for service users.	No requirements or recommendations necessary
<b>Good</b>	Competent delivery of safe, effective, compassionate care, or well led service, is evident on inspection.	There is evidence of positive outcomes for service users	No requirements made and there may be recommendations made to drive improvement.
<b>Requires Improvement</b>	Some weaknesses in the delivery of safe, effective, compassionate care, or well led service, are evident on inspection	There is limited, or inconsistent, evidence of positive outcomes for service users.	Requirements and/or recommendations made to secure compliance and drive improvement. Enforcement action may be considered.
<b>Unsatisfactory</b>	Deficiencies in the delivery of safe, effective, compassionate care, or well led service, are evident on inspection.	There was a lack of evidence of positive outcomes for service users.	Enforcement action and/or additional regulatory activity will be required to secure compliance and drive improvement.

## Reporting the Inspection Findings





The evidence to support our assessment of a service, and our judgement in respect of the four stakeholder domains will be included in the report against the framework using excellent, good, requires improvement and unsatisfactory.





Excellent		Good		Requires Improvement		Unsatisfactory	
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**Unannounced Care Inspection** RQIA ID: 012345  
 Any Town Residential Home Address: 2 Main Street  
 17 December 2015 Any Town BT1 2BT  
 Inspection ID: IN04567 Telephone: 028 1234 1234  
 Inspector: Email: Anytown@email.com

### Our Assessment

Is Care Safe?	Good	
Is Care Effective?	Good	
Is Care Compassionate?	Good	
Is the Service Well Led?	Good	

Key: Excellent  Good  Requires Improvement  Unsatisfactory 

Please note: This assessment is based on the findings of this inspection and should be read together with the full report.

**The Regulation and Quality Improvement Authority**  
 9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 2BT  
 Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.orq.uk](http://www.rqia.orq.uk)

A summary of our assessment will appear on the cover page of the inspection report.

This will allow those reading a report to have an immediate view on how the establishment or service performed on the day of inspection.

## **Freedom of Information Act 2000 - Confidentiality of Consultations**

RQIA will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation may be disclosed on request. RQIA can only refuse to disclose information in exceptional circumstances.

Before you submit your response, please read the paragraphs below on the confidentiality of consultations that provide guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act 2000 gives the public a right of access to any information held by a public authority, in this case RQIA. This right of access to information includes information provided in response to a consultation. RQIA cannot automatically consider confidential information supplied to it in response to a consultation.

However, RQIA has the responsibility to determine whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. If you do not wish information about your identity to be made public, please include an explanation in your response.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Secretary of State for Constitutional Affairs' Code of Practice on the Freedom of Information Act 2000 provides that a public authority (in this case RQIA):

- should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided
- should not agree to hold information received from third parties in confidence which is not confidential in nature
- acceptance of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner

For further information about confidentiality of responses please contact the Information Commissioner's Office at:

Information Commissioner's Office Northern Ireland  
51 Adelaide Street  
Belfast  
BT2 8FE

Tel: 028 9026 9380  
Fax: 028 9026 9388

Email: [ni@ico.gsi.gov.uk](mailto:ni@ico.gsi.gov.uk)

Website: [www.ico.gov.uk](http://www.ico.gov.uk)

## Appendix A



Policy for the Inspection of Establishments and  
Agencies Regulated under The Health and Personal  
Social Services (Quality, Improvement and Regulation)  
(Northern Ireland) Order 2003

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## **1.0 Introduction**

- 1.1 Under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (RQIA) is required to inspect and monitor the quality of health and social care services in Northern Ireland.
- 1.2 RQIA's core purpose is to provide assurance about the quality of care, challenge poor performance, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports. We represent the public interest in making sure that health and social care services are safe, effective and compassionate and take appropriate account of peoples' human rights. We have specific powers to conduct inspections, investigations and reviews. We hold registered providers and health and social care (HSC) bodies to account through use of formal sanctions, applied proportionately when it is necessary to bring about improvements.
- 1.3 The purpose of this policy is to provide the framework for the inspection of registered establishments and agencies undertaken by RQIA. This includes reference to the legislative framework underpinning the inspection process and the roles and responsibilities of RQIA staff in discharging this function.

## **2.0 Scope**

- 2.1 This policy applies to all staff involved in the regulation and inspection of establishments and agencies. This includes all staff in the Regulation Directorate teams involved in care, estates, pharmacy and finance and inspections.
- 2.2 The policy should be read in conjunction with RQIA's Inspection Procedure and all current associated guidance and protocols.
- 2.3 This policy applies to registered establishments and agencies(not to reviews and MHL D

## **3.0 Legislative Framework**

- 3.1 Registered providers and managers of regulated establishments and agencies are required to comply with the 2003 Order and the subordinate regulations specific to the service. They are also required to ensure that their service operates in accordance with the minimum care standards issued by the Department of Health, Social Services and Public Safety (DHSSPS). The legislative framework and list of published DHSSPS Care Standards and Minimum Standards are detailed in Appendix 1.

## 4.0 Policy Statement

4.1 RQIA will ensure that all inspection activity is undertaken in accordance with this policy and associated procedure, guidance and protocols.

4.2 RQIA believes in a system of firm but fair regulation and has adopted the principles outlined in the UK Government 'Better Regulation Framework Manual' published in March 2015.

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/468831/bis-13-1038-Better-regulation-framework-manual.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/468831/bis-13-1038-Better-regulation-framework-manual.pdf)

RQIA will continue to regulate and inspect using the Principles of Good Regulation (Better Regulation Task Force 1997 revised March 2015)

Proportionate	Regulators should only intervene when necessary. Remedies should be appropriate to the risk posed
Accountable	Regulators must be able to justify decisions, and be subject to public scrutiny.
Consistent	Standards must be implemented fairly.
Transparent	Regulators should be open, and keep regulations simple and user-friendly.
Targeted	Regulation should be focused on the problem, and minimise side effects.

4.3 All inspections shall be undertaken in a manner which upholds the values set out in RQIA's 2015 – 2018 Corporate Strategy.

Inspections shall be carried out so as to promote a culture of best practice and continuous improvement. In order to assure service users and the public of the rigor of RQIA's assessment, inspections shall be undertaken with a transparent, evidence based, proportionate and targeted approach.

4.4 RQIA will carry out the majority of inspections in nursing homes, residential care homes, nursing agencies, day care settings, domiciliary care agencies, children's homes and residential family centres on an unannounced basis. Other inspections will be announced where it is necessary.

4.5 All planned inspections will focus on the following four domains against which the relevant regulations and standards will be assessed as described in Appendix 2.0.

- Is Care Safe?
- Is Care Effective?
- Is Care Compassionate?
- Is the service Well-led?

Planned inspections are those which are scheduled in annual and ongoing caseloads.

Other inspections including compliance monitoring, pre-registration, follow-up and other ad-hoc inspections will focus on the relevant issue depending upon the purpose of the inspection.

4.6 RQIA will report inspection outcomes against the four domains listed in 4.5 using the assessment framework as set out in Appendix 3.0. Each domain will achieve one of the following levels:

- Excellent
- Good
- Requires improvement
- Unsatisfactory

4.7 RQIA will consider enforcement action when inspections identify:

- risks to the health, welfare and safety of service users
- concerns about the establishment / agencies
- failure to improve and / or lack of compliance

This policy should be read in conjunction with RQIA's Enforcement Policy and Procedure.

4.8 All inspections shall take account of any relevant enforcement activity in the establishment or agency. Where appropriate, inspection reports will describe the outcome of this activity.

4.9 All planned inspections shall take account of any other relevant information which is brought to its attention by way of contact or communication from other sources such as the duty call system or other such means. Where appropriate, inspection reports will describe the outcome of this.

4.10 All planned inspections shall take account of relevant notifiable events submissions made by the establishment or agency since the last inspection. Where appropriate, inspection reports will describe the outcome of this.

4.11 As part of RQIA's governance arrangements, inspectors' caseloads will be rotated within individual inspection teams. Inspectors' caseloads will be reviewed for rotation after a maximum period of five years or after ten inspections to a specific establishment or agency (whichever comes first). The caseload of pharmacy, estates and finance inspectors will be rotated in consideration of the team's frequency of inspection and regulatory activity.

4.12 Following rotation of an inspector's caseload, a minimum period of two years should follow before an establishment or agency is re-allocated to another inspector.

4.13 It should be noted in respect of 4.11 and 4.12 above that RQIA will consider a range of factors which may limit an inspection team's ability to fully meet these rotation time-frames. These factors include the following:

- Geographic location
- Profile of establishment or agency
- Assessment of risk within the establishment or agency
- Resources available to inspection team

## 5.0 Responsibilities

5.1 **The RQIA Board** – RQIA's Board has corporate responsibility for ensuring that the aims and objectives set by DHSSPS and approved by the Minister are fulfilled.

5.2 **Executive Team** - the Chief Executive has operational responsibility to ensure that this policy is adhered to.

The inspection process will be overseen by the Director of Regulation and Nursing who is required to ensure that all operational staff are aware of and meet the standards and guidance set out in this document.

The Director of Corporate Services must ensure that information in relation to the management of records, the retention of data regarding inspection activity and the RQIA register is accurate, up-to-date to ensure that it is managed and retained in accordance with relevant legislation.

5.3 **Information Manager** – has a responsibility to ensure that:

- the relevant information systems operate effectively and meet the needs of the inspection teams
- the register of establishments and agencies is kept up-to-date
- information relating to the establishments and agencies is up-to-date and accurate
- information which is required to be made available to the public via the RQIA website is uploaded in a timely manner
- information regarding inspection activity is kept up-to-date for reporting to the RQIA Board

5.4 **Head of Programme** – Has a responsibility to ensure that all relevant staff are aware of and adhere to this policy and relevant procedure. It is also the responsibility of heads of programmes to oversee the inspection process to ensure that all inspections are undertaken as scheduled within timescales set by RQIA.

- Heads of Programme will make reference to enforcement policy and associated procedures as required and when necessary.
- Each head of programme should ensure that issues or concerns relating to regulatory activity or possible enforcement action within their

operational team are communicated with other heads of programme as appropriate.

- Heads of programme will report to the Director of Regulation and Nursing on inspection activity.

5.5 **Senior Inspector** – Has a responsibility to ensure that all relevant staff are aware of and adhere to this policy and relevant procedures

5.6 **Inspector** - Has a responsibility to adhere to the policy and ensure that their contribution to the inspection process is both efficient and rigorous. Inspectors will report to the relevant senior inspector or head of programme. Staff undertaking inspections will conduct themselves in a professional manner. They will respect the rights of service users and others involved in the inspection process, upholding the values and principles set out in RQIA's Culture Charter.

5.7 **Administrative Team Supervisor** - Has responsibility for implementing this policy and relevant procedures within the administrative team and for ensuring that it is understood and adhered to at all times by all members of the team.

## 6.0 Training

All staff involved in regulation will be appropriately trained in the inspection process. Guidance on the implementation of this policy will be provided to each inspector at induction and following change to policy or procedures.

## 7.0 Monitoring / Evaluation

The effectiveness of this policy will be monitored by the director of Regulation and Nursing. The implementation of the policy and procedure and any deficiencies within the policy will be noted by the Chief Executive and any proposed amendments will require Board approval.

## 8.0 Equality

This policy was equality screened on the 22 January 2016 and was considered to have a low impact implication for equality of opportunity, therefore the policy does not require to be subjected to a full equality impact assessment.

## 9.0 Review of the Policy

This policy will be reviewed in January 2018 to evaluate its effectiveness.

## 10.0 Development and Stakeholder Consultation

This policy has been developed by a Project Group within RQIA and in consultation and engagement with all members of staff including the RQIA Board and Executive Management team. The policy was subject for consultation March 2016.

## Appendix 1.0

### Legislative Framework and List of Care and Minimum Standards issued by DHSSPS

#### 1.1 Legislative Framework and List of Published DHSSPS Legislation

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

*A person authorised by the Regulation and Improvement Authority may at any time enter and inspect premises which are used, or which he / she has reasonable cause to believe to be used, as an establishment or for the purposes of an agency. (Article 40 (2))*

The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005 define the frequency of inspection required to each establishment or agency. (Regulation 6)

RQIA is required to inspect a residential care, nursing or children's home a minimum of twice in every 12 month period. Other regulated services are subject to one annual inspection. However, an assessment of risks to the welfare of the service users will determine:

- the actual number of inspections (if more than the minimum frequency)
- the issues to be addressed during an inspection
- whether inspections should be announced or unannounced

RQIA will determine these risks by considering information it receives relating to regulated services which includes:

enforcement activity

- history of compliance,
- statutory notifications made by regulated services, 'whistleblowing' disclosures,
- information received by the duty desk
- information resulting from inspections
- any other source of information which comes to its attention giving reasonable cause for increased regulatory activity.

The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005 define the registration process and the particulars to be recorded in the registers maintained by RQIA.

The following regulations specify responsibilities in relation to each establishment or agency:

The Nursing Homes Regulations (Northern Ireland) 2005

The Residential Care Homes Regulations (Northern Ireland) 2005

The Children's Homes Regulations (Northern Ireland) 2005

The Voluntary Adoption Agencies Regulations (Northern Ireland) 2010

The Children (Leaving Care) Act (Northern Ireland) 2002  
The Independent Health Care Regulations (Northern Ireland) 2005  
The Nursing Agencies Regulations (Northern Ireland) 2005  
The Domiciliary Care Agencies Regulations (Northern Ireland) 2007  
The Day Care Settings Regulations (Northern Ireland) 2007  
The Residential Family Centres Regulations (Northern Ireland) 2007  
The Adult Placement Agencies Regulations (Northern Ireland) 2007

## **1.2 Published DHSSPS Care Standards and Minimum Standards**

Care Standards for Nursing Homes April 2015  
Minimum Standards for Residential Care Homes August 2011  
Minimum Standards for Nursing Agencies July 2008  
Minimum Standards for Domiciliary Care Agencies August 2011  
Minimum Standards for Dental Care and Treatment March 2011  
Minimum Standards for Residential Family Centres April 2011  
Minimum Standards for Day Care Settings January 2012  
Minimum Standards for Children's Homes April 2014  
Minimum Standards for Independent Health Care Establishments July 2014.

NB: For a current list of relevant legislation refer to DHSSPS. See:  
[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

## Appendix 2.0

### Definitions of Stakeholder Outcomes



<b>Is Care Safe?</b>	<b>Avoiding and preventing harm to patients and clients from the care treatment and support which is intended to help them</b>
<b>Is Care Effective?</b>	<b>The right care, at the right time, in the right place, with the best possible outcome</b>
<b>Is Care Compassionate?</b>	<b>Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.</b>
<b>Is the Service Well Led?</b>	<b>Effective leadership management and governance which creates a culture focussed in the needs of service users in order to deliver safe effective and compassionate care.</b>



## The Assessment Framework

Assessment Criteria			
	Service Provision	Service User Outcomes	Regulatory Response
<b>Excellent</b>	Outstanding delivery of safe, effective, compassionate care, or well led service, is evident on inspection.	There is evidence, over time, of positive outcomes for service users.	No requirements or recommendations necessary
<b>Good</b>	Competent delivery of safe, effective, compassionate care, or well led service, is evident on inspection.	There is evidence of positive outcomes for service users	No requirements made and there may be recommendations made to drive improvement.
<b>Requires Improvement</b>	Some weaknesses in the delivery of safe, effective, compassionate care, or well led service, are evident on inspection	There is limited, or inconsistent, evidence of positive outcomes for service users.	Requirements and/or recommendations made to secure compliance and drive improvement. Enforcement action may be considered.
<b>Unsatisfactory</b>	Deficiencies in the delivery of safe, effective, compassionate care, or well led service, are evident on inspection.	There is a lack of evidence of positive outcomes for service users.	Enforcement action and/or additional regulatory activity will be required to secure compliance and drive improvement.