N I A O

Northern Ireland Audit Office

Arrangements for Ensuring the Quality of Care in Homes for Older People

REPORT BY THE COMPTROLLER AND AUDITOR GENERAL
8 December 2010

Northern Ireland Audit Office

Report by the Comptroller and Auditor General for Northern Ireland

Ordered by the Northern Ireland Assembly to *be printed and published under the authority of the Assembly, in accordance with its resolution of 27 November 2007*

Arrangements for Ensuring the Quality of Care in Homes for Older People

BELFAST: The Stationery Office £5.00

This report has been prepared under Article 8 of the Audit (Northern Ireland) Order 1987 for presentation to the Northern Ireland Assembly in accordance with Article 11 of that Order.

K J Donnelly
Comptroller and Auditor General

Northern Ireland Audit Office
8 December 2010

The Comptroller and Auditor General is the head of the Northern Ireland Audit Office employing some 145 staff. He and the Northern Ireland Audit Office are totally independent of Government. He certifies the accounts of all Government Departments and a wide range of other public sector bodies; and he has statutory authority to report to the Assembly on the economy, efficiency and effectiveness with which departments and other bodies have used their resources.

For further information about the Northern Ireland Audit Office please contact:

Northern Ireland Audit Office
106 University Street
BELFAST
BT7 1EU

Tel: 028 9025 1100
email: info@niauditoffice.gov.uk
website: **www.niauditoffice.gov.uk**

Contents

Contents

Appendices

Abbreviations

BSI	British Standards Institute
C&AG	Comptroller and Auditor General
DHSSPS	Department of Health, Social Services and Public Safety
HPSS	Health and Personal Social Services
HSC	Health and Social Care
IHCP	Independent Health and Care Providers
ISO	International Standards Organisation
NIAO	Northern Ireland Audit Office
NISAT	Northern Ireland Single Assessment Tool
NISCC	Northern Ireland Social Care Council
NISRA	Northern Ireland Statistics and Research Agency
NVQs	National Vocational Qualifications
PAC	Public Accounts Committee
PCC	Patient and Client Council
PHA	Public Health Agency
QIP	Quality Improvement Plan
QMT	Quality Monitoring Team
RCG	Regional Complaints Group
RPA	Review of Public Administration
RQIA	Regulation and Quality Improvement Authority
SQSD	Safety, Quality and Standards Directorate

Executive Summary

Executive Summary

Introduction

1. Around 9,500 older people have been placed by Health and Social Care Trusts (Trusts) in 490 registered residential care and nursing homes throughout Northern Ireland. Since those who live in these homes are some of the most vulnerable in our society, it is important to have effective arrangements in place for assuring the quality of care they receive. The effectiveness of such arrangements is the focus of this review.

The regulatory framework and roles and responsibilities

2. Responsibility for ensuring the quality of care, in the first instance, falls to the five Trusts and the largely independent sector-based care homes which provide the care. Residential care and nursing homes for older people must be registered with the Regulation and Quality Improvement Authority (RQIA) and provide care in line with statutory regulations. In addition, they should also comply with Minimum Standards established by the Department of Health, Social Services and Public Safety (Department) (paragraphs 2.2 to 2.5).

3. The health and social care sector has undergone significant changes in recent years. According to some Trusts, the changes initially left them unclear about the respective roles and responsibilities of the Trusts, the Health and Social Care (HSC) Board and RQIA. Formal liaison meetings are now held between Trusts and RQIA to clarify roles and share information. We welcome these steps, as clear roles and responsibilities are essential if quality issues in care for older people are to be adequately addressed (paragraphs 2.15 to 2.20).

4. The South Eastern Trust has registered with the British Standards Institute and adopted the International Standards Organisation manual for social care, in relation to its care management arrangements. This is a positive step and demonstrates the commitment within that Trust to ensure the delivery of quality care packages to older people. We believe that there may be merit in considering the adoption of similar arrangements across the remaining Trusts. The Department has told us that this recommendation will be considered by Trusts subject to the outcome of a planned review of care management arrangements by RQIA (2.29 and 2.31).

5. More generally, it is important that, where an effective approach is identified by an individual Trust, it is rolled out across the sector. We recognise the importance of encouraging innovative approaches but consider it imperative that their relative success or otherwise is translated across Trusts as the basis of a learning system (paragraph 2.36).

6. The registration and training of the care workforce will be a significant step in enhancing the status of social care workers and nursing home support staff and improving the quality of care provided in residential care and nursing homes. It is important, therefore, that the Department continues to work towards establishing a regulatory system that enhances the

protection of vulnerable adults and improves the quality of care provided, but at the same time avoids destabilising recruitment and retention within the care workforce. It must set a clear timeframe for this to be achieved (paragraph 2.46).

7. The requirement for care workers to register and undertake specific training may create problems. Existing workers may not be interested in pursuing training and qualifications, and good quality staff with valuable experience may leave the workforce. Further, as a potential career, applicants will expect that the salaries offered reflect the need to register and undertake training or attain qualifications. As a result, care providers may struggle to find the required numbers of staff. It is therefore important that the registration and training processes are affordable and not unnecessarily bureaucratic or daunting to existing and future staff and that care workers' salaries are commensurate with job responsibilities and the associated training required (paragraph 2.47).

Registration and Inspection

8. We welcome RQIA's on-line publication of a list of regulated residential care and nursing homes, in keeping with the other regulatory bodies. This should help ensure greater accessibility to information for people seeking these kind of services (paragraph 3.5).

9. We welcome RQIA's examination of compliance with various Minimum Standards each year as an additional focus during inspections. Given the importance of each of the standards, we agree that the introduction of a more formal approach to selecting standards is appropriate. As part of a rolling programme, we would encourage RQIA to ensure coverage of all standards over, say, a five year period. The planned implementation of a risk assessment tool from 2011-12 should also lead to the more efficient use of inspection resources (paragraph 3.13).

10. We welcome RQIA's intention to focus more on outcomes for service users in the residential care and nursing home sectors, as these are a vital indicator of quality of care and go beyond compliance with standards. If the actual outcomes and quality of care provided are to be assessed, then RQIA will need to continue to monitor the quality and availability of planned programmes for social and recreational activities for residents, both inside and outside the home, as well as the quality of interaction between staff and residents in the home. We are pleased to note that one of the key inspection themes for 2010-2011 relates to the provision of a structured programme of activities and events in line with patients'/residents' needs (paragraph 3.20).

11. We welcome RQIA's intentions to report in a more detailed way on the overall quality of care in residential care and nursing homes. The use of RQIA inspection data to produce a regular overview of the performance of the sector against quality standards will assist in holding the sector to account. Publication of more detailed analysis of information on achievement

Executive Summary

scales will identify common trends or themes and the aspects of care which need improvement. Changes to the reporting structure will also enable confirmation that the inspection process is adding value to the care of older people living in residential care and nursing homes. Greater sharing of experience, knowledge and lessons learned will help to provide the assurance the public needs when making choices about where they or their relatives should live once they can no longer live independently at home (paragraph 3.32).

12. We note that RQIA gathers significant information during the inspection process and that this is reflected in individual inspection reports. We believe, however, that there is scope for this information to be utilised to give an overall view of quality of care across all homes, to direct inspection activity towards areas of greatest concern, to facilitate the sharing of good practice and to inform commissioning decisions. One Trust told us that it would welcome the publication of good practice examples by RQIA, to supplement the wider sharing of best practice at operational level between Trusts and homes (paragraph 3.36).

13. RQIA told us that the introduction of a new inspection process was to be supported by a spreadsheet-based data capture tool which would allow regulated agencies and providers to complete a self-assessment. It would also facilitate analysis of requirements and recommendations, in terms of which regulations and standards were breached. However, this proved difficult for residential care and nursing homes to use and, following feedback from the sector, it was replaced by RQIA in 2009 -2010 with a Word-based data capture tool. From 2009-2010 onwards, RQIA will be able to report on compliance with standards selected for inspection, and the first analysis of requirements and recommendations will be available after the end of the 2010-2011 inspection year (paragraph 3.34).

14. RQIA does not currently provide access to its inspection reports on-line. We welcome RQIA's progress in moving forward on the setting up of an on-line directory of homes, and its intention to publish inspection reports on-line by December 2010 (paragraph 3.39).

15. We note the grading of homes in terms of quality in Scotland and the changes proposed in England to facilitate comparison across providers. We also note RQIA's concerns about grading homes. However, in our view, some form of comparative information is essential to help service users select a home with full knowledge of the quality options available. RQIA has told us that it will liaise with the Department to determine how best to inform the public about the quality of care provided by residential care and nursing homes (paragraph 3.42).

Dealing with complaints and quality issues

16. We welcome the measures taken by Trusts to strengthen and formalise how they deal with quality issues in independent sector homes, raised through both care management and contract monitoring processes. In particular we commend

Belfast Trust for establishing a dedicated team to deal with all issues arising in relation to the independent sector. This ensures that they are given the same prominence as the Trust's own complaints, which should be the goal for all Trusts (paragraph 4.7).

17. Under new complaints procedures, where a complainant remains dissatisfied following local resolution, they have a right to refer their complaint to the Ombudsman. We note that, pending direct allocation of funding to the Ombudsman's office, a portion of funding has been transferred from the Department to the Ombudsman's office as an interim measure. It is important that such costs are kept to a minimum by continuing to make all efforts to resolve complaints at a local level (paragraphs 4.10 and 4.11).

18. We welcome the creation of the Regional Complaints Group and its monitoring role. However, in order to be fully effective, it is essential that the Group is receiving an accurate picture of all complaints and quality issues. In relation to residential care and nursing homes, this does not yet appear to be the case (paragraph 4.14).

19. We are concerned that, while records of complaints in independent sector homes are a prime source of data on quality issues, not all data is formally captured and included in complaints monitoring by the Trusts, the HSC Board, or RQIA. We acknowledge that many issues raised in this way may be minor, but for older, vulnerable people, an accumulation of minor issues can cause stress and have an adverse impact on quality of life. They can also be early indicators of bad practice or potential abuse. We recommend that the Trusts, the HSC Board and RQIA liaise to ensure that information about quality issues raised through complaints in regulated homes is shared between the relevant agencies and analysed as part of the comprehensive overview of complaints management in health and social care. Consideration should also be given to the establishment of a single agreed channel for the receipt of such complaints (paragraph 4.17).

20. It is important that older people in residential care and nursing homes are clear about how to make a complaint and are aware of the valuable role advocacy can play in the process. The Department, through service providers, commissioners and the regulator, must be assured that service users in residential care and nursing homes, and their families, have clear information about making a complaint and about the range of advocacy services available to support them in doing so (paragraph 4.25).

21. Management information about complaints and quality issues in residential care and nursing homes is disjointed. This means that it is more difficult for Trusts, the HSC Board and RQIA to deal with quality issues in a planned proactive way. A new complaints procedure has been put in place and new monitoring arrangements are currently being established at HSC Board level and within Trusts. It is important that this is seen as an opportunity to ensure that complete and meaningful management information on quality of

Executive Summary

care is captured, as a basis for identifying key issues, applying learning and sharing good practice (paragraph 4.33).

22. Complaints information must be comprehensive, meaningful and reported to management board level in order to be an effective management tool. We recommend that Trusts continue to be made aware of relevant issues arising from investigations around quality of care, such as the mid-Staffordshire reviews, and that examples of good practice are disseminated (paragraph 4.35).

Part One:
Introduction and Scope

Part One:
Introduction and Scope

Significant resources are spent annually on residential care and nursing homes for older people

1.1 The Department of Health, Social Services and Public Safety (the Department) spends over £860 million a year on personal social services.[1] Around 50 per cent of this (£442 million) is spent on the Programme of Care for older people. About 60 per cent of expenditure on older people's care (£265 million) is spent on "institutional" care which comprises:

- **residential care homes:** run mainly by the private and voluntary sectors, but with some statutory provision, these homes offer accommodation with both board and personal care and provide access to primary care and community health and social care professionals as required; and

- **nursing homes:** these homes are almost all run by the private sector and provide 24 hour nursing care to those whose needs are too complex to be met within residential care homes.

The population of older people is increasing and therefore the demand for institutional care is likely to increase over time

1.2 The number of care packages for people over 65 in residential care and nursing homes has increased from 6,894 to 9,485[2] (38 per cent) over the ten year period to March 2009. Population projections for the next 20 years show that, while the overall population for Northern Ireland will show a modest increase of 11 per cent, the increases for the over 65, over 75 and over 85 age groups will be 63 per cent, 80 per cent and 143 per cent respectively. The 75+ age group as a percentage of the total population will increase from 7 per cent to 11 per cent[3]. An ageing population with more complex needs will place an increasing demand on care services for older people.

In Northern Ireland, residential care and nursing homes offer a total of just over 14,000 places. At 31 March 2009, almost 9,500 of these were occupied by residents and patients placed by Trusts

Residential care homes

1.3 At March 2009, there were 239 residential care homes for older people in Northern Ireland providing 4,436 places.[4] Of these, 194 homes (2,960 places) were in the independent sector[5] and 45 (1,476 places) in the statutory sector.

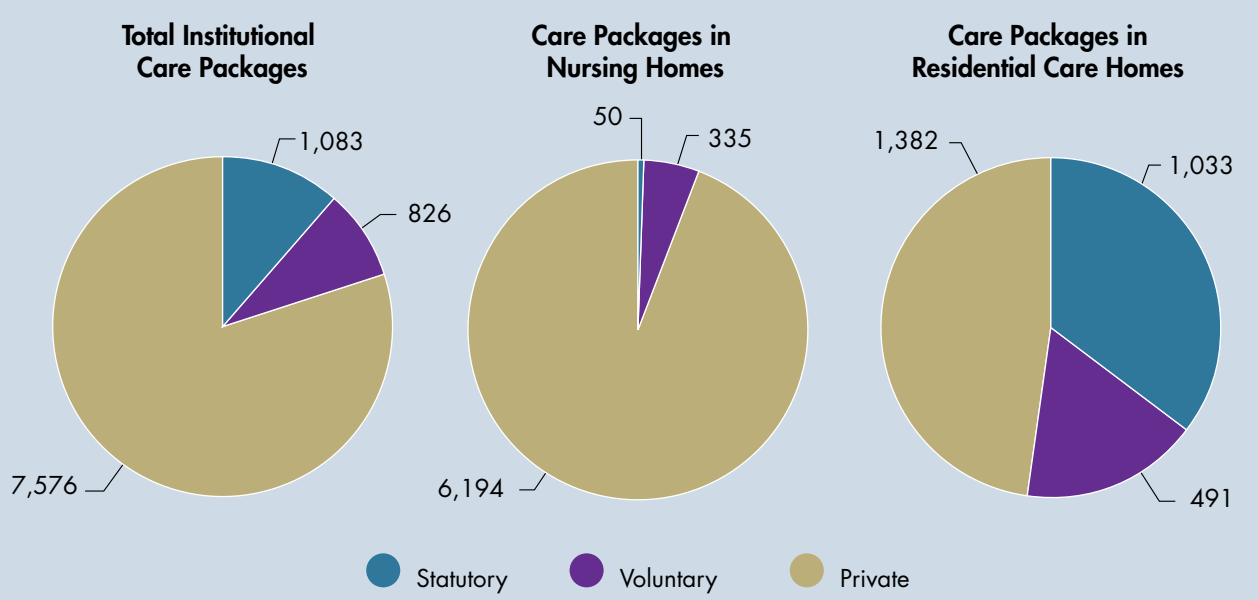
Nursing Homes

1.4 At March 2009, there were 251 nursing homes providing 9,852 places (see footnote 4). All but two of these homes were in the independent sector.

1.5 Older people in residential care and nursing homes almost all have a care package in place which is tailored to address their individual needs (see paragraph 2.26). At March 2009, there

1 Figures provided by the Department. **Please see Appendix 8 for website links to all footnote references.**
2 *Adult Community Statistics 1998-99 and 2008-09,* DHSSPS
3 2008-based population projections, NISRA
4 *Adult Community Statistics 2008-09,* DHSSPS. The figure for residential care homes differs slightly from RQIA data (see paragraph 3.3)
5 The independent sector includes both private and voluntary provision.

Figure 1: Institutional care packages in place for those over 65 at 31 March 2009



Source: Community Statistics 2008-09, the Department

were almost 9,500 "institutional" care packages in place, with 89 per cent of these in independent sector homes (see Figure 1).

Quality of care has been given a higher profile in recent years

1.6 In 1998, the UK Government set out proposals[6] for reforming social care by focusing "*firmly on the quality of services experienced by, and outcomes achieved for, individuals*". In 2000, the Department of Health published a Quality Strategy[7] for social care which emphasised the need for regulation and inspection to help raise standards.

1.7 In Northern Ireland in 2001, the Department followed suit with publication of the consultation document "*Best Practice - Best Care*".[8] This set out a framework for improved quality of care in Northern Ireland, based on:

- setting standards;
- promoting the registration and regulation of the workforce;
- establishing a statutory duty of quality; and
- improving monitoring and regulation of services.

6 *Modernising Social Services*, White Paper, November 1998
7 *A Quality Strategy for Social Care*, Department of Health, August 2000
8 *Best Practice – Best Care: A framework for setting standards, delivering services and improving monitoring and regulation in the HPSS*, DHSSPS, April 2001

Part One:
Introduction and Scope

The Audit Office Examination

1.8 With an ageing population and the likelihood of an increasing demand for residential and nursing home care, it is important to ensure that current provision offers quality care. In 2007, the Northern Ireland Audit Office (NIAO) published a report on the adequacy of domiciliary care provided to older people[9]. This report was the subject of a Public Accounts Committee (PAC) Evidence Session in January 2008.

1.9 During the Evidence Session, the monitoring of quality across various care settings was discussed. In response to the PAC interest, the Comptroller and Auditor General (C&AG) has produced this report which examines the adequacy of arrangements in place for ensuring the provision of quality care in residential care and nursing homes in Northern Ireland.

1.10 This report considers:

- the regulatory framework for quality of care, including roles and responsibilities (Part 2);
- the registration and inspection process, and the role of the Regulation and Quality Improvement Authority (RQIA) (Part 3); and
- the various approaches to dealing with complaints about the quality of care in residential care and nursing homes for older people (Part 4).

1.11 As part of our examination, we accompanied RQIA inspectors on a small number of inspections, both announced and unannounced, to gain a better understanding of how the inspection process works in practice.

9 *Older People and Domiciliary Care*, Northern Ireland Audit Office, NIA 45/07-08, October 2007

Part Two:
The Regulatory Framework and Roles and Responsibilities

Part Two:
The Regulatory Framework and Roles and Responsibilities

"Quality of service" is a stated priority within government

2.1 The Northern Ireland Executive's Programme for Government sets out a commitment to promote the health and wellbeing of the people of Northern Ireland. In support of this, the Department has adopted "*ensuring safer, better quality services*" as a priority area[10].

A framework for ensuring delivery of quality services has been developing within the social care sector

2.2 The Department acknowledged that its commitment to providing quality care services would need to be supported by arrangements for monitoring and improving the overall quality of services provided. To facilitate this, legislation[11] introduced in 2003 enforced the "*duty of quality of care*" as a statutory requirement.

2.3 The legislation had three main functions. Firstly, it placed a responsibility on all health and social services Boards and Trusts to develop and maintain arrangements for monitoring and improving the quality of services provided. Secondly, it granted authority for the creation of an overseeing regulatory body and thirdly it set out a requirement for the development of minimum care standards.

2.4 In 2005, RQIA[12] was set up as a non-departmental public body (NDPB) sponsored by the Department, with responsibility for the regulation and inspection of health and social care service providers.

2.5 Statutory regulations[13] setting out how nursing and residential care homes should be operated (see Appendix 1) were introduced in 2005. These regulations have been supplemented by publication of various additional care standards as follows:

- in March 2006, the Department published "*The Quality Standards for Health and Social Care* "[14]. These set out the standards which people can expect from all Health and Personal Social Services bodies. The standards sought to raise the quality of services and to improve the health and social wellbeing of the people of Northern Ireland;

- in January 2008, the Department published detailed Minimum Standards[15] which related specifically to residential and nursing homes (see Appendix 2). The Minimum Standards were developed with input from various stakeholders, and were subject to public consultation; and

10 *Priorities for Action 2009-10*, DHSSPS, March 2009
11 Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
12 RQIA is staffed by professional inspectors, with social work, nursing, pharmacy and estates backgrounds. Initially the staff came from the four Registration and Inspection Units, which previously operated at arms length from each of the four Health and Social Services Boards.
13 The Nursing Homes Regulations (Northern Ireland) 2005 and Residential Care Homes Regulations (Northern Ireland) 2005
14 *Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS*, DHSSPS, March 2006. The five standards are: corporate leadership and accountability; safe and effective care; accessible, flexible and responsive services; promoting, protecting and improving health and social wellbeing; and effective communication and information.
15 *Residential Care Homes Minimum Standards*, DHSSPS, January 2008 and *Nursing Homes Minimum Standards*, DHSSPS, January 2008

- the Quality Standards and Minimum Standards are underpinned by a set of ten values (see Appendix 3).

2.6 The Department is currently developing a Service Framework[16] to improve the health and wellbeing of older people in Northern Ireland, promote social inclusion, reduce inequalities in health and improve quality of care. This will be achieved by defining standards, setting timeframes and identifying outcomes of care. The consultation process will involve health and social care staff, service users, carers, the public and other stakeholders. It is intended that the framework will be in place by mid-2011.

Responsibility for ensuring quality of care in nursing and residential care homes lies with a variety of different bodies

2.7 Responsibility for ensuring that quality of care is in line with regulations and standards falls to commissioners, providers and regulators of care. Their respective roles are set out below.

Commissioners of Care

2.8 In April 2009, structures within Northern Ireland's health and social care services changed. Details of the revised structures are set out in Appendix 4.

2.9 In general, residential care for older people is commissioned by the Health and Social Care (HSC) Board from the Health and Social Care Trusts (Trusts). In turn, Trusts purchase this care, in the majority of cases, from the independent sector. The Trusts also directly provide a number of residential places.

2.10 Commissioners of care are responsible for ensuring: that the care provided meets Departmental and other recognised standards; that recommendations from RQIA and other review bodies are implemented; and for assisting in improving the safety and quality of commissioned care services.

2.11 At March 2009, Trusts had over 800 contracts with independent sector care home providers, at a cost of around £190 million. Specific processes for managing their relationships with care homes vary across the five Trusts (see paragraphs 2.34 to 2.35 and 4.2 to 4.6).

Providers of Care

2.12 The registered providers of nursing and residential care homes[17] have prime responsibility for ensuring provision of good quality care. Registered providers *must* comply with the statutory Regulations (see footnote 13), and are *expected* to comply with the Minimum Standards (see footnote 15).

2.13 The Regulations[18] place a requirement on all providers to develop systems to review service quality at least annually, in consultation with service users and their representatives, and report the findings of these reviews to RQIA and service users (see paragraph 3.31). In addition, where the registered provider is not in day-to-day charge of the home, they must undertake

16 Service Frameworks are a major strand of the reform of health and social care services in Northern Ireland. The Department began work on a range of Service Frameworks in January 2007.
17 For statutory residential care homes, the registered provider is the relevant Trust. For independent nursing and residential care homes, it will be the home owner or manager.
18 Regulation 17 of the 2005 Regulations

Part Two:
The Regulatory Framework and Roles and Responsibilities

monthly unannounced visits to speak with service users, inspect complaints records and prepare a report. The report must be kept in the home and provided to RQIA on request.[19]

Care Regulators

2.14 Under the 2003 Order (see paragraph 2.2), RQIA is charged with keeping the Department informed about the quality and availability of care, and with encouraging improvement. Part 3 of this Report examines how it fulfils this role.

The roles and responsibilities of those involved in assessment of the quality of care provided in homes for older people may not, as yet, be fully delineated

2.15 The last five years has been a period of major change within the health and social care sector. RQIA was established in April 2005, a new rationalised Trust structure became operational in April 2007 and the four Health and Social Services Boards were replaced by the HSC Board from April 2009.

2.16 The Trusts told us that new systems and processes are still developing. As a result, internal procedures and roles have not been finalised and interfaces across the various stakeholders have not yet been fully defined.

2.17 Some Trusts told us that initially the allocation of responsibilities across the HSC Board, RQIA and themselves, in relation to quality of care, left them unsure of their precise role.

2.18 Since 2008, Trusts and RQIA have introduced formal liaison meetings three times a year to "*share information and discuss and clarify issues relating to the interface between Trusts and RQIA on the provision and commissioning of regulated services provided by the statutory and independent sectors.*" RQIA told us that its role is to provide independent assurance that the Trusts are fulfilling their statutory duty of quality. It does this through a programme of annual inspections (see paragraph 3.6), and thematic reviews which look at how well Trusts are performing against the Quality Standards (see paragraph 2.5) .

2.19 The Department told us that it believes roles and responsibilities are clear. It explained that, in line with relevant legislation[20], the HSC Board focuses on commissioning, resource management, and performance management and improvement; the Trusts are concerned with the provision of quality services, in this context mainly purchased from the independent sector; and RQIA is responsible for monitoring and inspecting the quality of health and social care across Northern Ireland and regulating establishments and agencies delivering health and social care. The Department believes that effective communication between the bodies concerned should ensure that any overlap is kept to the minimum consistent with their respective statutory responsibilities.

19 Regulation 29 of the 2005 Regulations
20 Health and Social Care (Reform) Act (Northern Ireland) 2009

2.20 In terms of quality of care, the level of change within the health and social care sector has been both a threat and an opportunity. We welcome the steps taken to clarify roles, responsibilities, systems and processes. This is essential if quality issues in care for older people are to be adequately addressed.

Contractual arrangements with independent sector homes have been strengthened with the introduction of a new regional contract

2.21 Under the former health and social services structures, with four Boards and 11 community health and social services Trusts, contractual arrangements and service specifications with independent sector homes varied considerably across the region.

2.22 One home might have had residents from different Board or Trust areas and, therefore, could have had various contracts in place specifying different terms and conditions and quality requirements. In June 2009, a new regional Contract and Service Specification[21] was issued by the Department to eliminate variations.

Quality requirements on providers of care are built in at contract stage

2.23 The new Contract and Service Specification imposes a number of requirements on homes which should help ensure quality:

- homes must be registered with RQIA (see Part 3);
- homes must comply with the relevant 2005 Regulations (see footnote 13);
- homes must comply with the relevant 2008 Minimum Standards (see footnote 15); and
- homes which employ social care workers registered with the Northern Ireland Social Care Council (NISCC) must comply with its Code of Practice for Employers (see footnote 30).

2.24 In addition to requiring compliance with the quality framework, the Contract and Service Specification requires homes to report any serious adverse incidents to the relevant Trust, the Department and RQIA. Homes must also keep a record of all complaints and the action taken in response to these. Complaints records must be available for inspection by RQIA and Trust staff (see Appendix 5).

Trusts and homes must work together to ensure the appropriate care placement for individual clients

2.25 Under the new regional contract, Trusts, while seeking to accommodate choice, will refer individuals to homes which will meet their assessed needs. Referral will only be made to a home which is registered and which offers the specific care required by the individual.[22] To help with this process, homes must communicate information on

21 *Regional Residential and Nursing Home Specification and Contract*, DHSSPS. This is part of a programme of developments being taken forward by a Department-led Modernisation and Improvement Programme Board, with a view to eventually having regional procurement of social care.

22 Homes are registered by category of care eg elderly, dementia, mental disorder, sensory impairment etc. Under the 2008 Minimum Standards (standard 4), each patient/resident will have an individual written agreement setting out the services and facilities to be provided.

Part Two:
The Regulatory Framework and Roles and Responsibilities

the availability of places to Trusts promptly. This helps Trusts support individual choice and enables timely care planning.

Effective care management arrangements should ensure provision of appropriate and quality care for individuals

2.26 Unless they specifically opt out[23], all older people in nursing and residential care homes come under care management arrangements regardless of whether or not they fund their own care. Care management[24] is a process through which:

- the care needs of the individual are assessed;
- consideration is given to the nature of services required to meet assessed needs; and
- attention is paid to those with complex or frequently changing needs.

2.27 A successful care management process involves service users and their carers at every stage. The process includes:

- completion of a comprehensive **assessment** of a person's needs by relevant, professionally-qualified health and social work staff within the Trust;
- development of a person-centred **care plan**, setting out how assessed needs will be met and identifying a case manager (also known as a care manager, care co-ordinator, lead professional or key worker) who will oversee the implementation of that person's care plan[25];
- on-going **monitoring** of the implementation of the care plan, to ensure continued quality and appropriateness of care provision; and
- a **formal review**, at least once a year, or more frequently if the person has complex or rapidly changing needs. This should ensure that changing needs are being recognised and reassessed and that services are meeting needs appropriately and to the quality standards expected.

RQIA plans to look at care management processes and procedures

2.28 As a result of its inspection work, RQIA has some concerns about how the care management process operates in practice and believes that Trusts should have a greater presence in care homes. RQIA told us that it intends to look at care management processes and procedures and has built this into its three-year programme of review.

2.29 One of the Trusts (the South Eastern Trust) has initiated an exercise to quality assure its care management practices and procedures. It has registered with the British Standards Institute (BSI) and adopted the International Standards Organisation (ISO) manual for social care. This includes detailed procedures

23 A small minority of individuals in residential care and nursing homes are entirely self-funding and have chosen not to participate in care management arrangements.
24 *Care Management, Provision of Services and Charging Guidance*, Circular HSC (ECCU) 1/2010, DHSSPS, March 2010. See also *Quality Standards for Assessment and Care Management*, DHSS, October 1999
25 Where the individual primarily has nursing or clinical needs, the case manager is likely to be a nurse or allied health professional. Where the individual primarily has social care needs, the case manager is likely to be a social worker.

and standard pro forma documentation. Compliance with standards is subject to external audit by BSI – the first audit has been completed and will be carried out every two years. These arrangements will be examined as part of RQIA's planned review (see paragraph 2.28).

2.30 It is important that quality is embedded in the care management system. We note the work of RQIA through its inspection process and welcome its intention to undertake a specific exercise on care management practices across Trusts.

2.31 The South Eastern Trust has taken a positive step, demonstrating its commitment to ensuring the delivery of quality care packages to older people. We recommend that consideration is given to the adoption of similar arrangements across the remaining Trusts. The Department has told us that this recommendation will be considered by Trusts subject to the outcome of RQIA's planned review.

The introduction of a new Single Assessment Tool is intended to improve the quality of the care needs assessment process

2.32 The Department identified that, within the Northern Ireland care system, different professionals used different approaches when assessing the needs of older people. In recognition of the need for consistency across the sector, and to reduce duplication, in 2005 the Department commissioned the University of Ulster to develop a universal means of assessing the health and social care needs of older people.

2.33 In February 2009, the new Northern Ireland Single Assessment Tool (NISAT) was launched. It is the first of its kind to be used in the UK. Full implementation within the older people's programme of care across all Trusts was expected to be achieved by June 2010. The scale of the task has necessitated a review of the target date, which is yet to be agreed with the Department. NISAT is designed to put older people at the heart of the assessment process, to ensure they get the package of care that is right for them. As part of its planned review of care management processes and procedures (see paragraph 2.28), RQIA intends to carry out a baseline assessment of NISAT in 2010 and undertake a post-implementation review in 2012.

Trusts work with independent sector homes, providing support and advice

2.34 Responsibility for delivering quality care falls to individual care providers (see paragraph 2.12). In the case of providers from the independent sector, Trusts work with the provider, offering support and advice in a range of ways, for example:

- all Trusts provide access to a team of clinical nurse facilitators or advisers whose role is to facilitate learning and develop expertise within the homes. They provide advice and guidance on specific nursing issues, such as dealing with pressure sores and

Part Two:
The Regulatory Framework and Roles and Responsibilities

ulcers and tissue viability. They work closely with staff in the homes and care management staff, to ensure that nursing issues affecting quality of care are addressed;

- one Trust[26] has introduced a system of aligned care managers and district nurses, whereby an individual home is allocated a care manager and district nurse who are responsible for all Trust patients in that home. This allows them to build up a good working relationship with the home management and staff and have an on-going presence in the home. The aligned staff hold formal quarterly governance meetings (currently reduced to 6-monthly because of other work pressures) with their homes, using a pro forma agenda which includes a review of quality issues;

- one Trust[27] has recently appointed two specialist nurses for older people, to support nursing homes in the care of clients with complex needs; and

- some Trusts[28] hold periodic providers' forums. These give all home owners within the Trust area the opportunity to come together to discuss current issues or problems, and allow Trusts to raise any concerns they may have. Guest speakers are invited, on occasion, to attend the forums.

2.35 We note the efforts within Trusts to develop effective working relationships with independent sector homes. This is welcomed and in our view is likely to contribute to improvement in delivering quality services to older people.

2.36 In our view, it is important to consolidate the efforts of individual Trusts and ensure that where an effective approach is identified, it is rolled out across the sector. We recognise the importance of encouraging innovative approaches but consider it imperative that their relative success or otherwise is translated to all Trusts and forms the basis of a learning system across the sector.

The Independent Health and Care Providers (IHCP) has a role in supporting quality developments within the care home sector

2.37 IHCP was established as a not-for-profit organisation to represent private and voluntary providers of health and social care, including nursing and residential care homes. Membership is voluntary.

2.38 IHCP has introduced a code of conduct which members must adhere to, which reinforces the requirement to be registered with the regulatory body (RQIA) and to comply with all relevant quality standards. IHCP was also involved in the consultation process which informed the development of the Minimum Standards (see paragraph 2.5) and the new regional Contract and Service Specification (see paragraph 2.22).

2.39 IHCP holds members' forums every two months to facilitate discussion of current issues and the sharing of good practice. It also meets with RQIA twice a year to

26 South Eastern Health and Social Care Trust
27 Southern Health and Social Care Trust
28 Belfast, South Eastern, Southern and Western Health and Social Care Trusts

discuss issues arising from the regulation and inspection process. Currently IHCP is promoting the *My Home Life* project, a UK-wide initiative aimed at improving the quality of life of people in care homes by sharing best practice.

Steps are being taken to improve quality of care through workforce registration and training

2.40 The quality of care in nursing and residential care homes is dependent to a large extent on the quality of staff. In nursing homes, the recommended skills mix is 35 per cent professional nursing staff and 65 per cent support staff[29]. In residential care homes, while the registered manager may be a nurse or social worker, care will mainly be provided by social care workers. Nurses and social workers are professionally qualified and must be registered with the Nursing and Midwifery Council or NISCC[30] respectively. However, while support staff and social care workers undertake certain defined mandatory training[31], they have so far not been required to have any formal qualifications or be registered with a regulatory body.

2.41 The Northern Ireland social care workforce is large, at around 36,000[32]. Over 27,000 of these workers (75 per cent) are employed in the voluntary and private sectors and almost 16,000 (44 per cent) work in residential care. NISCC was established in 2001 as the social care workforce regulatory body and since April 2003, it has adopted a phased approach to the *voluntary* registration of social care workers. Adult residential care workers are the current target group for voluntary registration. At May 2010, around 7,500[33] social care workers – or one fifth of the whole workforce - were registered on a voluntary basis. NISCC also established induction standards[34] which, since April 2008, have been a requirement for new social care worker registrants.

2.42 In 2009, the Department consulted on a phased approach to the introduction of *compulsory* registration for all social care workers in Northern Ireland. The consultation also included proposals for legislation to make it an offence to work in social care settings without being registered. The Department received 61 responses from a range of organisations and individuals. While the majority of responses confirmed continuing support for registration, concerns were raised about its impact both on care providers and social care workers, the majority of whom are female, low paid and often work part-time. The main issues identified related to affordability and proportionality with regard to regulation of this part of the workforce. Plans for the way forward are currently under consideration. The Department also expects to make a determination in relation to nursing home support staff in the near future - many of the issues identified in

29 *Staffing Guidance for Nursing Homes*, RQIA, June 2009. Support staff in nursing homes have a range of job titles, including care assistant, nursing assistant and healthcare support worker.
30 NISCC is a non-departmental public body, sponsored by the Department, and is responsible for regulating the social care workforce. It has developed codes of practice for both social care workers and employers. Only employers of social care workers registered with NISCC are bound by the employers' code of practice and only NISCC registrants are bound by the employees' code of practice.
31 *Guidance on Mandatory Training for Providers of Care in Regulated Services*, RQIA, May 2010
32 *Personal Social Services: Development and Training Strategy 2006-2016*, DHSSPS, September 2006
33 Figures provided by Department. Of the 7,500 registered social care workers, 5,593 work in nursing and residential care homes.
34 *Induction Standards NI*, NISCC, June 2007

Part Two:
The Regulatory Framework and Roles and Responsibilities

relation to the social care workforce will apply equally to this part of the workforce.

2.43 In light of these concerns, the Department is revisiting its policy proposals. It remains committed to bringing forward proposals that will support the policy intent of ensuring unsuitable people are prevented from working with vulnerable people, while also improving the standards of care provided by social care workers and support staff in nursing homes. The Department is currently considering options for the way forward, having regard to developments in Northern Ireland and regulatory changes being considered in other parts of the UK.

2.44 In 2006, the Department published a Development and Training Strategy (see footnote 32). For social care workers, the strategic target is that "by *2016, all new social care registrants and re-registrants will be working towards, or hold, relevant part or whole NVQs appropriate to their job role and associated with continuing registration*".

2.45 From 2010, there will be major changes to the qualification framework for health and social care workers, with National Vocational Qualifications (NVQs) being replaced at a national level by a Qualifications and Credit Framework, so references to NVQs in the 2006-2016 Strategy will have to be revisited and revised. NISCC is undertaking work to specify the learning and training requirements for social care workers to maintain their registration. This in turn will inform further guidance on the application of the Minimum Standards regarding training and qualification requirements for social care.

2.46 Registration and training of the care workforce will be a significant step in enhancing the status of social care workers and nursing home support staff, and in improving the quality of care provided in residential care and nursing homes. It is important, therefore, that the Department continues to work towards establishing a regulatory system that enhances the protection of vulnerable adults and improves the quality of care provided, but at the same time avoids destabilising recruitment and retention within the care workforce. It must set a clear timeframe for this to be achieved.

2.47 The requirement for care workers to register and undertake specified training may create problems. Existing workers may not be interested in pursuing training and qualifications, and good quality staff with valuable experience may leave the workforce. Further, as a potential career, applicants will expect that the salaries offered reflect the need to register and undertake training or attain qualifications. As a result, care providers may struggle to find the required numbers of staff. It is therefore important that the registration and training processes are affordable and not unnecessarily bureaucratic or daunting to existing and future staff and that care worker salaries are commensurate with job responsibilities and the associated training required.

Part Three:
Registration and Inspection

Part Three: Registration and Inspection

RQIA has a statutory responsibility to regulate various health and social care services

3.1 Under the 2003 Order (see footnote 11), RQIA is responsible for regulating a wide range of health and social care services delivered by both the statutory and independent sectors, including residential and nursing home care. Regulation comprises registration, inspection and enforcement. This section of our report looks at RQIA's regulatory role in relation to residential care and nursing homes.

Under the 2003 Order, all residential care and nursing homes must be registered with RQIA

3.2 In accordance with the 2003 Order, any person who carries on or manages a residential care or nursing home must be registered with RQIA. Failure to register constitutes an offence (see Figure 4 at paragraph 3.25).

3.3 Registration will only be granted where RQIA is satisfied that the home meets the requirements of the 2005 Regulations (see Appendix 1 for an outline of the main provisions of the Regulations). In Northern Ireland at 31 March 2009, 241 residential care homes and 251 nursing homes were registered.[35] These homes provide care for people with a range of needs.[36]

3.4 RQIA maintains a list of all registered establishments, including residential care and nursing homes. It has recently published this list on-line for the first time. In all other parts of the United Kingdom, inspection and regulatory bodies[37] operate on-line care home directories. These directories allow the public to search for care homes by name, care category, geographical area and postcode.

3.5 We welcome RQIA's on-line publication of a list of regulated residential care and nursing homes, in keeping with the other regulatory bodies. This should help ensure greater accessibility to information for people seeking these kinds of services.

RQIA undertakes an annual programme of inspections, which ensures that all registered homes are inspected at least twice each year

3.6 All registered nursing and residential care homes are subject to a minimum of two inspections a year by RQIA. One of these will be announced, where the provider has advance notice of the visit, and will generally happen during normal working hours. The other will be unannounced, where the inspectors can call, without notice, at any time of day or night and on any day of the week. If RQIA has concerns about any aspect of care provision in a home, it will undertake further inspections. Appendix 5 summarises the inspection process.

3.7 RQIA also undertakes pharmacy, estates and financial inspections. These look more specifically at, for example, the management of medicines, the quality and safety of the care environment or the administration of residents' finances.

35 *Quarterly Report January – March 2009*, RQIA, 2009. See also footnote 4.
36 As outlined at footnote 22, care homes are registered for different categories of care, of which "elderly" is one.
37 The Care Quality Commission, the Scottish Commission for the Regulation of Care and the Care and Social Services Inspectorate Wales

Figure 2: RQIA Inspections 2008-09

	Announced	Unannounced	Pharmacy	Estates	Financial	Additional*	Total
Nursing	223	246	268	163	32	50	**982**
Residential	237	242	183	146	23	38	**869**
Total	**460**	**488**	**451**	**309**	**55**	**88**	**1,851**

Source: RQIA Quarterly Reports for 2008-09
* "Additional inspections" relates to instances where RQIA undertakes follow-up visits (see paragraph 3.24)
Note: This table covers all nursing and residential care homes, not just those for older people. A breakdown of inspection by care category is not available.

3.8 During 2008-09, RQIA carried out 1,851 inspections in nursing and residential care homes. Figure 2 provides a breakdown of these inspections by type.

The inspection process is intended to examine the extent to which homes are complying with regulations and standards

3.9 In order to secure registration, residential care and nursing homes must demonstrate their compliance with the relevant regulations and standards. Following registration, RQIA's inspections provide assurance that residential care and nursing homes continue to operate in accordance with the regulations and minimum standards. During the announced and unannounced inspections, the inspector is assessing the quality of care provided in the home, the quality of life enjoyed by the patients/residents, the quality of the environment and the quality of management of the home.[38]

3.10 Each year, inspections focus on a number of the 2008 Minimum Standards (see Appendix 2) as key themes. Previously the selection of themes was based on judgment but RQIA told us that its approach to theme selection has now been formalised with the development of a prioritisation matrix with weighted criteria.

3.11 In England[39], the focus of inspections is determined using a corporate risk assessment tool. RQIA told us that, as part of its programme of regulatory improvement, it has liaised with other health and social care regulators, including the Care Quality Commission in England and the Scottish Commission for the Regulation of Care, and has developed a similar risk assessment tool for regulation. This will be implemented for the 2011-12 inspection year.

3.12 Over the last two years, inspections have focused on eight of the Minimum Standards set out in 2008. Details are set out at Figure 3.

38 NIAO staff accompanied RQIA inspectors on both announced and unannounced inspections to a small number of care homes, in order to gain a better understanding of how the inspection process works in practice.
39 The Care Quality Commission in England has an inspection role similar to that of RQIA.

Part Three:
Registration and Inspection

Figure 3: Key Inspection Themes*

Key Themes 2008-09	Key Themes 2009-2010
Standard 1 – Residents' [patients'] views and comments shape the quality of services and facilities provided by the home.	
	Standard 5 – Each resident has an up-to-date assessment of their needs. [Patients receive safe, effective nursing care based on a holistic assessment of their care needs.]
	Standard 6 – Each resident has an individual and up-to-date comprehensive care plan. [Patients' case records are accurate and up-to-date.]
Standard 16 – Residents [patients] are protected from abuse.	
Standard 19 [24] – Staff are recruited and employed in accordance with relevant statutory employment legislation [and mandatory requirements].	**Standard 19 [24]** - Staff are recruited and employed in accordance with relevant statutory employment legislation [and mandatory requirements].
Standard 23 [28] – Staff are trained for their roles and responsibilities.	
Standard 24 [29] – Staff are supervised and their performance appraised to promote the delivery of quality care and services.	
Standard 25 [30] – The number and ratio of management and care staff [nurses and care assistants] on duty at all times meet the care needs of patients.	**Standard 25 [30]** - The number and ratio of management and care staff [nurses and care assistants] on duty at all times meet the care needs of patients.

Source: RQIA
* Where Standard numbers and wording differ slightly, nursing home details are shown in brackets.

3.13 We welcome RQIA's selection of various standards each year as an additional focus during inspections. Given the importance of each of the standards, we agree that the introduction of a more formal approach to selecting standards is appropriate. As part of a rolling programme, we would encourage RQIA to ensure coverage of all standards over, say, a five year period. The planned adoption of a risk assessment tool for regulation by 2011-12 should also lead to a more efficient use of inspection resources.

A new inspection process has been introduced from 2009-2010 which places more emphasis on self-assessment and user outcomes

3.14 The value of an inspection process diminishes where quality is assessed on the basis of a "box-ticking" exercise. Compliance with regulations and standards alone will not ensure provision of optimum care. In order to get to the heart of quality in care, inspections must assess the outcomes for those receiving the care[40].

3.15 From July 2009, a new inspection process has been introduced for announced inspections. This was developed following extensive consultation with service providers and taking account of best practice principles for inspection.[41] These include:

- focussing on outcomes for service users;
- reinforcing providers' responsibility for quality through self-assessment approaches;
- targeting inspection resources on the areas where improvement is most needed; and
- reporting in public about the quality of services.

3.16 Under the new procedures, self-assessment workbooks are forwarded to the home's manager for completion and return prior to an inspection. The manager must score the achievement of the home in relation to the standards and criteria being assessed, using an achievement matrix (see Appendix 6). The inspector then validates the self-assessment during the course of the inspection through examination of documentary evidence, feedback from patients/residents and discussion with the home's manager. The self-assessed score may be amended as a result.

3.17 The format of inspection reports will change, with the inclusion of both the self-assessed and validated findings and a maturity matrix statement (see Appendix 6) for each standard inspected.

3.18 From 2009-2010, RQIA will be able to aggregate information on self-assessment ratings and validated assessments. This information has the potential to provide comparative information for service users on the quality of care in residential care and nursing homes (see paragraph 3.41).

3.19 Also from 2010, RQIA intends to focus more on service user experiences and outcomes in nursing and residential care homes. This approach has provided good feedback in the domiciliary care sector and will now be extended to residential settings. Further service user engagement is planned for 2010-2011, along with assessment based on human rights principles[42] – privacy, dignity, respect, equality and autonomy.

3.20 We welcome RQIA's intention to focus more on outcomes for service users in the residential care and nursing home sectors, as these are a vital indicator of quality

40 In December 2009, the BBC broadcast a documentary "*Can Gerry Robinson fix dementia care homes?*" The documentary identified homes which were assessed as satisfactory even though the quality of care was questionable.

41 *Government's Policy on Inspection of Public Services*, the Prime Minister's Office of Public Services Reform, November 2003

42 The Northern Ireland Human Rights Commission is also currently examining the extent to which older people's rights are met in the nursing home environment. Its final report is due in December 2010.

Part Three:
Registration and Inspection

of care and go beyond compliance with standards. If the actual outcomes and quality of care provided are to be assessed, then RQIA will need to continue to monitor the quality and availability of planned programmes for social and recreational activities for residents, both inside and outside the home, as well as the quality of interaction between staff and residents/patients in the home. We are pleased to note that one of the key inspection themes for 2010-2011 relates to the provision of a structured programme of activities and events in line with patients'/residents' needs.

On completion of an inspection, findings are discussed with the registered owner or manager and necessary improvements are agreed

3.21 At the end of each inspection, inspectors give verbal feedback to the home owner/manager. Full details of the inspection findings, and feedback obtained through stakeholders' questionnaires (see Appendix 5), are subsequently provided in a written report.

3.22 Any issues identified during inspection which require action are set out in a Quality Improvement Plan (QIP) which accompanies the inspection report. The issues can be of two types:

- **requirements** – made where a Regulation has been breached; and
- **recommendations** – made where Minimum Standards have not been adhered to.

3.23 The QIP sets out the regulations/standards that have not been met, the required or recommended action that needs to be taken and a timescale for that action. The residential care or nursing home manager must then complete the QIP, setting out the action that has been taken or is proposed, and return it to the inspector.

3.24 Implementation of the QIP is confirmed either during the next inspection, or through a follow-up visit in cases where the issues are significant in terms of number or seriousness.

Where weaknesses are found, RQIA adopts a stepped approach to enforcement

3.25 While RQIA is committed to working with registered providers to help improve the safety and quality of care across Northern Ireland, it is important that there are appropriate sanctions in place when things go wrong. RQIA's enforcement policy[43] sets out the steps which are followed when dealing with weaknesses or failings within residential care and nursing homes (see Figure 4).

43 *Enforcement Policy and Procedure – Regulated Sector*, RQIA, January 2009

Figure 4: Stepped Approach to Enforcement

Recommendation	Recommendations are set out in the inspection report and specify actions which *should* be taken to improve the quality of the service. They are based on Minimum Standards, codes of practice and recognised good practice (see paragraph 3.22).
Requirement	Requirements are specified in the inspection report and *must* be acted upon to ensure compliance with the 2003 Order, regulations or conditions of registration (see paragraph 3.22).
Improvement notice	The 2003 Order makes provision for RQIA to serve an Improvement Notice if the registered person fails to comply with the Minimum Standards. A notice will be served where there has been an inadequate, or no, response to the QIP (see paragraph 3.23).
Additional condition of registration	Non-compliance with an Improvement Notice could result in the imposition of an additional condition of registration - ranging from restriction of admission, to cancellation of the registration of the registered person or full cancellation of the home's registration - or a failure to comply notice (see below).
Failure to comply notice	Registered home owners must comply with the 2003 Order and relevant regulations (see footnote 13). Failure to comply is an offence. The home owner will be made aware of the intention to issue a Failure to Comply notice and the reason for it. The notice will set out the action that needs to be taken and the timescale, not exceeding 3 months, in which it should be taken. If the action is not taken, RQIA may take legal proceedings and will issue the registered provider with a *notice of decision*.
Prosecution for offences	The 2003 Order and relevant regulations set out what constitutes an offence and the penalties that may be imposed. If a registered owner is convicted, the Magistrate may impose a fine, and a condition can be imposed on registration or the registration cancelled.

Source: RQIA

RQIA publishes quarterly reports which summarise the level of enforcement action

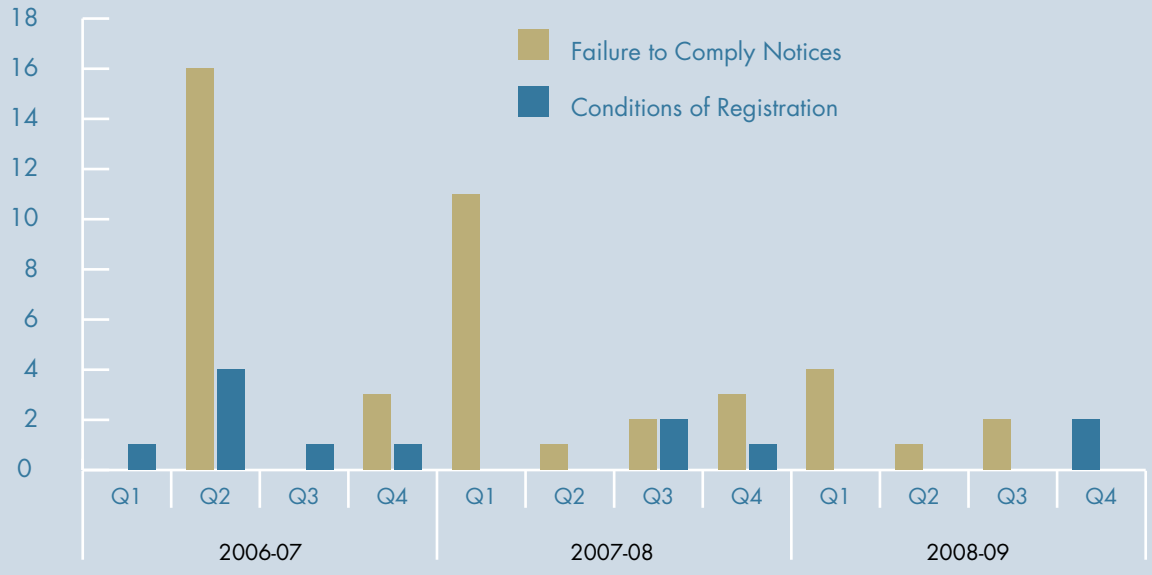
3.26 Since April 2006, RQIA has published quarterly reports which summarise the level of inspection activity, enforcement action taken and the number of complaints received during the period.

3.27 In the three years 2006-07 to 2008-09, "*failure to comply*" or "*imposition of additional conditions of registration*" notices were issued to 29 care homes. In total, 45 notices and 10 conditions[44] were imposed, as shown at Figure 5.

44 Data has been collated from RQIA's quarterly reports. These do not always separately identify homes for older people so the figures in this paragraph may include other than older people's homes and so will be slightly overstated.

Part Three:
Registration and Inspection

Figure 5: Enforcement action by RQIA



Source: RQIA quarterly reports

3.28 In general, non-compliance has tended to relate to care issues, staffing, record keeping, medicines and infection control. RQIA issued its first "*notice of decision*" in 2009-2010 (see Case Example 2). Where enforcement action has been taken, further monitoring visits are carried out to ensure full compliance.

There have been recent, high profile cases where the stepped approach has been clearly demonstrated

3.29 Generally homes aim to respond positively to requirements and recommendations in the QIP and will cooperate with RQIA in trying to put things right. However there have been cases where multiple problems have led to the need for further enforcement action. Case Examples 1 and 2 illustrate the extent of problems which can exist.

RQIA has a statutory duty to provide the Department with assurance about the quality of care in the regulated sector

3.30 In accordance with the 2003 Order (see footnote 11), RQIA must keep the Department informed regarding the quality and availability of care. The main vehicle for this is currently RQIA's Annual Report, which includes a section on raising quality and improving performance. In relation to the regulation of residential care and nursing homes, this summarises the number of registrations and inspections carried out

Case Example 1

In 2008, a registered nursing home in Antrim was issued with three separate failure to comply notices. In total, the home received 26 inspection visits in a four-month period, along with over 100 visits by Northern Trust staff. Seven nurses were suspended over the standard of care being provided and issues were also raised in relation to kitchen standards. Despite the home achieving compliance within the required timeframe on each occasion, the Trust remained concerned by the number of problems and the impact they were having on individual clients, and consequently served notice of its intent to terminate its contract with the home in October 2008. The Trust met with relatives to express its concern that the home could not sustain improvement and stated it would place no further clients in the home. The home owners chose to stop operating as a nursing home.

Case Example 2

In 2009, RQIA issued its first ever notice of decision (see Figure 4) to a registered nursing home in North Belfast. Five unannounced inspections were carried out in May and June 2009, which resulted in two notices of failure to comply with regulations being issued in late June 2009. Concerns covered nurse competence, cleanliness, management of medicines, welfare of patients, record keeping and infection control. Compliance was not achieved within the required timeframe. The notice of decision placed conditions of registration on the home which included the deregistration of the registered responsible person and the registered manager, no new admissions to the relevant unit and increased monitoring activity by the home. As a result of evidence of sustained improvement, the conditions were removed in April 2010.

during the year, the number of complaints dealt with (see Part 4) and the level of enforcement action taken. RQIA is in the process of developing a second, more detailed, report format.

3.31 Under the 2003 Order and relevant Regulations (see footnote 13), residential care and nursing homes must make an annual quality review return to RQIA. Under new inspection arrangements, homes will complete a self-assessment (see paragraph 3.16), which will be validated by RQIA during inspections, and this will form the basis of their annual quality return. RQIA will then be able to produce an overview report based on these validated assessments. This reporting process was undertaken on an experimental basis in 2008 but, as the self-assessments were not validated, the overview report was not published. It is now envisaged that the first formal overview report will be published by March 2011.

Part Three:
Registration and Inspection

3.32 We welcome RQIA's intentions to report in a more detailed way on the overall quality of care in nursing and residential care homes. The use of RQIA inspection data to produce a regular overview of the performance of the sector against quality standards will assist in holding the sector to account. Publication of more detailed analysis of information on achievement scales will identify common trends or themes and the aspects of care which need improvement. Changes to the reporting structure will also enable confirmation that the inspection process is adding value to the care of older people living in residential care and nursing homes. Greater sharing of experience, knowledge and lessons learned will help to provide the assurance the public needs when making choices about where they or their relatives should live once they can no longer live independently at home.

RQIA could make more use of the information it collects

3.33 RQIA collects a significant amount of information during the inspection process. In totality this information could be used to draw conclusions on the overall quality of care homes in Northern Ireland. For example information, in the form of requirements and recommendations (see paragraph 3.22), is available in inspection reports on each breach of regulation or standard. However, this information is not collated and it is therefore not possible to determine the frequency of breaches of individual regulations or standards across all residential care and nursing homes in Northern Ireland. Such information could help identify training needs or specific difficulties within the sector and could be used by RQIA to target inspections.

3.34 RQIA told us that the introduction of a new inspection process (see paragraph 3.15) was to be supported by a spreadsheet-based data capture tool which would allow regulated agencies and providers to complete a self-assessment. It would also facilitate analysis of requirements and recommendations, in terms of which regulations or standards were breached. However this proved difficult for residential care and nursing homes to use and, following feedback from the sector, it was replaced by RQIA in 2009-10 with a Word-based data capture tool. From 2009-10 onwards, RQIA will be able to report on compliance with standards selected for inspection, and the first analysis of requirements and recommendations will be available after the end of the 2010-11 inspection year.

3.35 RQIA also gathers the views of service users, families, staff and professionals about quality of care in homes using questionnaires as part of the inspection process (see Appendix 5). While the individual questionnaires inform the inspection report for each home, they are not drawn together by RQIA. Information in these questionnaires, if collated, could provide an overview of the overall quality within the residential care and nursing home sector.

3.36 We note that RQIA gathers significant information during the inspection process and that this is reflected in individual inspection reports. We believe, however, that there is scope for this information to be utilised to give an overall view of quality of care across all homes, direct inspection activity towards areas of greatest concern, reduce costs, facilitate the sharing of good practice and inform commissioning decisions. One Trust told us that it would welcome the publication of good practice examples by RQIA to supplement the wider sharing of best practice at operational level between Trusts and homes. RQIA told us that, since 2009, it has co-organised an annual user/carer conference focusing on good practice, which is open to a range of stakeholders. In November 2010, in conjunction with the Older People's Advocate (see paragraph 4.27), NISCC and the HSC Board, it co-sponsored a conference on the theme of exemplars of best practice in delivering care for older people[45].

The four regulatory bodies in the rest of the UK and in the Republic of Ireland publish their inspection reports on-line, but this does not happen in Northern Ireland

3.37 In addition to having an on-line directory of care homes (see paragraph 3.4), the other three UK regulatory bodies publish their inspection reports on-line. The reports are accessed via the directory. England and Scotland include all inspection reports over recent years, so that people choosing a care home can clearly see the inspection history of that home. Wales includes only the latest inspection report. In the Republic of Ireland, the Health Information and Quality Authority also publishes all inspection reports on-line.

3.38 RQIA does not currently publish inspection reports on its website, however it plans to do so and hopes that these will be accessible on-line by December 2010. Reports are currently available to the public on request.

3.39 RQIA does not currently provide access to its inspection reports on-line. NIAO welcomes RQIA's progress in moving forward on the setting up of an on-line directory of homes, and its intention to publish inspection reports on-line by December 2010.

Regulatory bodies in Scotland and England have provided comparative information by grading homes on the basis of quality, but England is now revising its approach

3.40 The Scottish Commission for the Regulation of Care and the Care Quality Commission have both used a grading system to indicate the comparative quality of homes. However, the Care Quality Commission stopped awarding quality ratings in June 2010 and intends to introduce a new information system on the quality of adult social care from May 2011, following consultation. This will centre on five new essential standards of care, which are outcome-based:

45 The conference was entitled "Making Older People Visible in the Delivery of Quality Services" and was aimed at care managers, providers and trainers.

Part Three:
Registration and Inspection

- you can expect to be involved and told what is happening at every stage of your care;
- you can expect care, treatment and support that meets your needs;
- you can expect to be safe;
- you can expect to be cared for by qualified staff; and
- you can expect your care provider to constantly check the quality of its services.

This single set of standards will apply across all care settings and the Care Quality Commission believes it will make it easier for one provider to be compared with another.

3.41 RQIA has not adopted a system for grading homes on quality. It told us there is a risk that such a system could impact on the commissioning of services. For example, if a home was found to have less than satisfactory components of care which began to affect its quality grading, it may be contrary to the Trusts' duty of quality to purchase care from that home, a problem that could be exacerabated by a lack of alternative provision. The grading of homes may also have an impact on tariffs and charging, which will also have to be considered. RQIA believes that findings from the new inspection process will be required before the Department and RQIA can take a decision on the way forward (see paragraph 3.18).

3.42 We note the grading of homes in terms of quality in Scotland and the changes proposed in England to facilitate comparison across providers. We also note RQIA's concerns about grading homes. However, in our view, some form of comparative information is essential to help service users select a home with full knowledge of the quality options available. RQIA has told us that it will liaise with the Department to determine how best to inform the public about the quality of care provided by residential care and nursing homes.

Part Four:
Dealing with and Reporting on Complaints and Quality Issues

Part Four:
Dealing with and Reporting on Complaints and Quality Issues

The adoption of an effective complaints procedure is important in ensuring delivery of quality care in homes for older people.

4.1 An effective complaints function is important for keeping people's faith and trust in services and for providing an organisation with assurance about the safety and quality of service provision. In order to assure themselves that residential care and nursing homes for older people are providing quality services, individual Trusts need to have systems in place which are accessible, responsive and can demonstrate that lessons are being learned. Complaints about statutory homes are subject to the full rigour of Trusts' complaints processes but, contrary to Departmental guidance (see paragraph 4.8), this is not consistently the case for complaints in independent homes.

Trusts have different arrangements in place for dealing with complaints and quality issues in independent sector homes

4.2 We found that procedures for dealing with complaints and quality issues in independent sector homes varied across the Trusts. For instance, the Belfast Trust has established a dedicated Quality Monitoring Team (QMT) to investigate and resolve complaints. Issues raised are referred to QMT by care management staff. QMT then facilitates meetings with the patient/resident, their family and the home management and staff in order to resolve the issue. All cases dealt with by QMT are collated into a quarterly report to senior management. Belfast Trust's QMT has also developed a user satisfaction survey form which will be used to collate user views but it has not yet been able to do this because of other work pressures. QMT deals with issues raised by both Trust-funded and self-funded service users.[46]

4.3 In the South Eastern Trust, care managers and district nurses (see paragraph 2.34) are the main point of contact for clients with complaints or quality issues. Twice-yearly meetings with each home include a review of quality issues, accidents and complaints. Minutes of these meetings are forwarded to primary care managers within the Trust to keep them informed. The Trust has now appointed a Quality and Governance Manager who will collate information on quality issues in order to identify trends, and summary information will be reported through governance structures.

4.4 The other three Trusts have strong links between care management staff and contracting staff for the purposes of monitoring quality issues and complaints. This is on the basis that contracts for care services require the homes to comply fully with relevant regulations and standards, so any failure to do so becomes a contracting, as well as a care, issue.

4.5 Two of these Trusts (Southern and Western) have contract monitoring systems in place which rely on feedback either from the independent sector homes themselves, or from care managers going in to the homes to monitor patients/residents and deal with any complaints and quality issues that might arise. Contracts and care management staff will then liaise in

46 Generally, under the new complaints procedure (see paragraph 4.8), people who are entirely self-funding have no formal right of redress, except directly through the home itself.

resolving matters raised. This will generally involve meetings with patients/residents, their families and the management of the home. The Southern Trust has recently started collating information on the number and nature of complaints; the Western Trust produces detailed spreadsheets showing each individual home but summary information is not yet produced.

4.6 The remaining Trust (Northern) has developed a Service Quality Framework for commissioned care services, which will operate through its Contracts Department and involve close liaison with care management staff. The Framework identifies nine ways in which quality will be assured, including effective contract monitoring, meetings with service providers, monitoring visits, professional views and feedback (using a pro forma quality monitoring report), and liaison with RQIA. It is hoped the Framework will lead to more "joined up" monitoring and the recording of information so that trends in service quality can be identified and addressed as appropriate. However the Trust told us that, because of resource constraints, the Framework is not yet operational.

4.7 We welcome the measures taken by Trusts to strengthen and formalise how they deal with complaints and quality issues in independent sector homes, raised through both care management and contract monitoring processes. In particular we commend Belfast Trust for establishing a dedicated team to deal with all issues arising in relation to the independent sector. This ensures that they are given the same prominence as the Trust's own complaints, which should be the goal for all Trusts.

In 2009, the Department introduced new procedures for handling complaints

4.8 In 2009, following liaison with a range of stakeholders and a consultation process, the Department issued revised complaints guidance for health and social care[47]. In a separate circular[48], the Department emphasised that the new procedures apply equally to residents/patients in statutory residential care and nursing homes and to residents/patients in independent sector homes where the placement is paid for by the Trust.

4.9 The revised procedures take account of the findings of enquiries such as the Shipman Enquiry[49]. They also take account of the re-organisation of health and social care structures under the Review of Public Administration (see Appendix 4) and the establishment of RQIA, and are intended to:

- improve access;
- raise the standard of complaints handling;
- strengthen local resolution;
- clarify roles and responsibilities;
- improve reporting and monitoring;

47 *Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning*, DHSSPS, April 2009
48 *Guidance on Complaints Handling in Regulated Establishments and Agencies*, HSC (SQSD) 23/2009, DHSSPS, April 2009
49 Harold Shipman was convicted of murdering 15 of his patients while he worked as a General Practitioner. The Shipman Inquiry considered the changes required to safeguard patients in the future. The Inquiry Team's fifth report "*Safeguarding Patients – Lessons from the Past – Proposals for the Future*" examined arrangements for handling complaints about General Practitioners.

Part Four:
Dealing with and Reporting on Complaints and Quality Issues

- increase opportunities for shared learning;
- promote quality improvement;
- improve support services by encouraging the use of conciliation and advocacy; and
- promote public confidence in an effective complaints procedure.

Complainants have a right of referral to the NI Commissioner for Complaints (the Ombudsman) if they remain dissatisfied with the outcome of the complaints procedure

4.10 Under the new arrangements, where a complainant remains dissatisfied following local resolution, they have a right to refer their complaint to the Ombudsman. Previously there was provision for an independent review stage facilitated by the former Health and Social Services Boards but this was removed. To meet the impact of the new complaints procedure on the Ombudsman's office, a portion of the money for independent review was transferred from the Department to the Ombudsman as an interim funding measure, pending direct allocation of funding to the Ombudsman's office. Funding required is expected to be around £250,000 a year. The Department has advised us that these costs will be kept under review. The Ombudsman has reported[50] an increase of 120 per cent in the total number of health and social care complaints, from 95 in 2008-09 to 209 in 2009-2010. Five of the complaints received related to private nursing homes.

4.11 We note that, as a result of the revised complaints procedure, funding has been transferred from the Department to the Ombudsman's office. It is important that such costs are kept to a minimum by continuing to make all efforts to resolve complaints at a local level.

Under the new complaints procedure, the HSC Board has a monitoring role

4.12 The HSC Board (see paragraph 2.9) has responsibility for monitoring how those providing care on its behalf deal with and respond to complaints. It is also responsible for monitoring the nature and volume of complaints and disseminating emerging lessons. In support of its new role, the HSC Board has established a Regional Complaints Group (RCG)[51] made up of representatives from HSC organisations (the HSC Board, the new Public Health Agency (PHA)[52], Trusts and the new Patient Client Council (see paragraph 4.23)). Although not a full member, RQIA has attended meetings of the Group to provide information and address matters of common interest. RCG is responsible for:

- receiving and considering complaints data;
- considering what action is required where there are cases of concern;

50 *Annual Report 2009-2010*, NI Ombudsman, July 2010.
51 The Regional Complaints Group operates as a sub-committee of the Governance and Audit Committee within the HSC Board.
52 The PHA, incorporating the Health Promotion Agency,was created in April 2009. It has a wider remit for health protection and screening, and health improvement and development.

- identifying any learning points and disseminating these on a regional basis; and

- approving quarterly reports for submission to the Department (see Figure 6 at paragraph 4.29).

4.13 In relation to complaints data from Trusts, the RCG obtains its information from monthly returns submitted to the HSC Board by Trusts. These are collated into quarterly reports for submission to RCG. The returns will only include complaints relating to residential and nursing home care where:

- the care is provided by, or commissioned by, Trusts; *and*

- the complaint was handled using Trust governance arrangements (see Figure 6 at paragraph 4.29).

Consequently, returns have included very few complaints relating to care provided in either statutory or independent sector nursing and residential care homes for older people.

4.14 We welcome the creation of the Regional Complaints Group and its monitoring role. However, in order to be fully effective, it is essential that it receives an accurate picture of all complaints and quality issues. In relation to residential care and nursing homes, this does not yet appear to be the case.

RQIA has an oversight role in relation to how residential care and nursing homes implement the standards relating to complaints management

4.15 RQIA has a duty to assess and report on how homes handle complaints, and assess the effectiveness of local procedures. Inspectors routinely review complaints records held by individual homes during inspections. Where a complaint is received directly by RQIA, it will be notified to the lead inspector for the relevant home who, in consultation with the appropriate Trust and other agencies as necessary, will determine what action is required. This can include an unannounced inspection if the complaint suggests a breach of regulations or standards, and possible enforcement action.

4.16 Under the 2005 Regulations (see footnote 13), RQIA can request that regulated homes produce and submit "a statement containing a summary of the complaints made during the preceding 12 months and the action that was taken in response". To date, RQIA has not requested these statements from residential care and nursing homes annually. It considers that, for the information to be of use, it would require validation, which would have resource implications. It also considers that much of the detail would relate to minor issues. A one-off exercise in 2007-08 did elicit some composite data on complaints but this was not validated (see paragraph 3.31). RQIA is currently undertaking a survey of all regulated agencies and establishments in respect of complaints monitoring during 2009-2010. This will lead to the

Part Four:
Dealing with and Reporting on Complaints and Quality Issues

publication of a summary report by January 2011, highlighting the findings and making recommendations for improvement in complaints management.

4.17 We are concerned that, while records of complaints in independent sector homes are a prime source of data on quality issues, not all data is formally captured and included in complaints monitoring by the Trusts, the HSC Board, or RQIA. We acknowledge that many issues raised in this way may be minor, but for older, vulnerable people, an accumulation of minor issues can cause stress and have an adverse impact on quality of life. They can also be early indicators of bad practice or potential abuse. We recommend that the Trusts, the HSC Board and RQIA liaise to ensure that information about quality issues raised through complaints in regulated homes is shared between the relevant agencies and analysed as part of the comprehensive overview of complaints management in health and social care. Consideration should also be given to the establishment of a single agreed channel for the receipt of such complaints.

The key elements of effective complaints handling have recently been highlighted in two reports

4.18 In 2008, the National Audit Office reported on complaints handling in health and social care in England[53]. It found that there was:

- a lack of understanding about the complaints process;
- confusion about how to complain;
- difficulty in navigating the complaints system; and
- a feeling that complaints would not be taken seriously.

As part of its recommendations, it set out a series of key features to enable effective local complaints handling (see Appendix 7).

4.19 In November 2009, the Ombudsman (see paragraph 4.10) issued guidance on effective complaints handling[54] which built on principles set out in a GB report[55]. These state that complaints processes should:

- be accessible and simple;
- be fair and impartial;
- be timely, effective and consistent;
- be accountable; and
- deliver continuous improvement.

As part of the NI Ombudsman's outreach programme for 2010-2011, a number of workshops will be undertaken with nursing homes to talk about complaints handling and the role of the Ombudsman.

53 *Feeding back? Learning from complaints handling in health and social care*, National Audit Office, HC 853, Session 2007-08, 10 October 2008.
54 *Rights, Responsibilities and Redress: A Framework for Effective Complaint Handling*, NI Ombudsman, November 2009
55 *Principles of Good Complaint Handling*, Parliamentary and Health Ombudsman, February 2009

4.20 We recommend that the Department ensures that all Trusts continue to be made aware of all relevant good practice guidance, in order to support their efforts in dealing effectively with complaints locally.

The new Patient and Client Council will have a role to play in supporting service users who have concerns

4.21 In March 2008, the four health and social services councils and RQIA jointly examined the potential for advocacy services in helping to enhance and improve health and social care services for older people in residential care and nursing homes.[56] The recommendations of the report were never fully accepted by the Department, but it did accept that the report provided very useful insight into the views of residents and their families. The report drew attention to a culture of reluctance among older residents in homes to complain or make requests and their view that, even where they did so, the response from staff in homes was slow. Some Trusts also told us that families and carers can be confused about who to complain to and how.

4.22 The Department told us that, under the relevant regulations and standards (see footnotes 13 and 15), homes are required to publicise their arrangements for dealing with complaints and provide copies of their complaints procedure to every resident (or their representative). Residential care and nursing homes are required to advise service users (and their representatives) about how to make a complaint and who to contact outside the home if they remain dissatisfied or require support services, including independent advocacy. Similarly, under the new complaints guidance (see footnote 47), all health and social care organisations must ensure that the complaints process is well publicised, including all options for pursuing a complaint and the support services that are in place to help service users raise a complaint.

4.23 In April 2009, the Patient and Client Council (PCC) replaced the four Health and Social Services Councils (see Appendix 4). Its role is to provide an independent voice for patients, clients and carers on all health and social care issues, with its main focus being the patient experience. In relation to complaints, its role is to provide assistance, by way of representation or otherwise, to individuals making or intending to make a complaint relating to health and social care. PCC is working with RQIA to develop a memorandum of understanding, clarifying their respective roles in relation to quality of care. PCC will work by engaging with community groups, special interest groups and individuals in a pro-active way through meetings, focus groups and on-line interaction.

4.24 Under new Departmental guidance (see footnote 24), Trusts are required to advise those considering making a complaint that free advocacy support services are offered by the PCC and the voluntary sector[57].

56 *Are you being heard: A review of access to advocacy services for older people in care homes in Northern Ireland*, HSSCNI/RQIA, March 2008

57 For example, Age NI. Age NI was formed in April 2009 by the amalgamation of Age Concern NI and Help the Aged NI. Its role includes providing advice and information and influencing government policy. Age NI told us that it is currently involved in a pilot on advocacy in relation to long term residential care.

Part Four:
Dealing with and Reporting on Complaints and Quality Issues

4.25 It is important that older people in residential care and nursing homes are clear about how to make a complaint and are aware of the valuable role advocacy can play in the process. The Department, through service providers, commissioners and the regulator, must be assured that service users in residential care and nursing homes, and their families, have clear information about making a complaint and about the range of advocacy services available to support them in doing so .

Proposals for a Commissioner for Older People will strengthen advocacy for older people in nursing and residential care homes

4.26 The Northern Ireland Assembly is committed to establishing a Commissioner for Older People. A draft bill was issued for consultation in October 2009 and revised proposals were published in May 2010. One of the main revisions, following strong representations at consultation stage, is that all nursing and residential care homes have been brought within the proposed remit of the Commissioner, as "relevant authorities". Among the Commissioner's proposed functions are:

- to keep under review the adequacy and effectiveness of services provided for older people by relevant authorities;
- to encourage best practice in the treatment of older people; and
- to assist older people making complaints against relevant authorities.

4.27 It is hoped that the Bill will be passed in early 2011, after which a Commissioner can be appointed. As an interim measure, an Older People's Advocate was appointed in December 2008 to provide a focus for older people's issues and advise junior ministers on the impact of policies and strategies aimed at older people.

4.28 The Older People's Advocate has had input to the development of an older people's Service Framework (see paragraph 2.6) and has raised the following points:

- the need to focus more on outcomes and meeting the needs of individuals;
- the need for more publicly available information on the quality of care provision; and
- the need to address how complaints are dealt with.

In relation to residential care and nursing homes, there is no comprehensive complaints data available

4.29 Because complaints and quality of care issues can be raised in a number of ways across the Trusts, information is held in different places and is fragmented (see Figure 6).

4.30 The Quality Monitoring Team within the Belfast Trust (see paragraph 4.2) has

Figure 6: Data held on complaints and quality issues

Issue raised with:	Data held
Registered home owner/manager	A record of complaints must be kept by each residential care and nursing home, which should record all issues raised and how they were dealt with. Complaints records are examined by RQIA's inspectors during inspections. Under the 2005 Regulations, RQIA can request an annual statement from homes, containing a summary of complaints made and the action taken in response. A one-off exercise was carried out in 2007-08 and a survey of complaints in regulated establishments is currently underway (see paragraph 4.16)
Care manager / key worker	Issues arising are mostly dealt with on an individual basis through discussion between the home, the patient/resident and their family, and Trust staff, and would be recorded on patients'/residents' files. The Trusts are at different stages of developing systems for collating data, reporting on issues raised and drawing out lessons to be learnt. Only one Trust (see paragraph 4.2) could provide some statistical data about complaints in independent sector homes (see paragraph 4.30).
Trust complaints manager	Formal complaints about Trust services are processed through the complaints manager and are reported through the Trust's corporate governance arrangements. Quarterly returns are made to the HSC Board (see paragraph 4.12) and the Department. Only a small number of complaints about independent sector homes are reported in this way.
RQIA	In the past, any complaints referred to RQIA in relation to residential care and nursing homes were recorded and processed by the complaints manager, and data on the number and type of complaints was reported quarterly. However, RQIA told NIAO that this information is an unreliable indicator of quality (see paragraph 4.32). Information on complaints in regulated establishments no longer appears in RQIA quarterly reports.

Source: NIAO

collated data for 2008-09 which shows that, in that Trust area, there were 14 formal complaints and 59 quality issues raised about independent sector homes. Summary data for earlier years was not readily available.

4.31 Formal complaints data reported quarterly to the Department includes only a small number of complaints in relation to the independent sector, and these have only been separately identified since 2007-08. The years 2007-08 and 2008-09 reveal a total of only 50 complaints against "regulated establishments and agencies" across all five Trusts, and this figure includes homes other than those for older people.

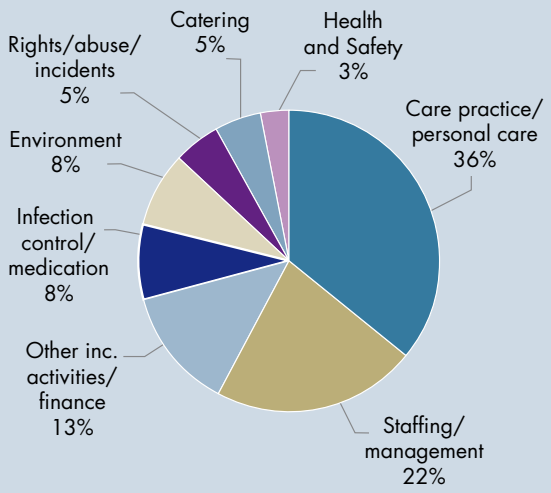
4.32 RQIA's quarterly reports show that, for the four years 2005-06 to 2008-09, a total of around 700 complaints were notified to it in relation to residential care and nursing homes. However, RQIA told us that this data is not a complete representation of the total number of complaints received within the care homes sector[58] and is therefore an unreliable indicator of quality. Consequently it no longer appears in quarterly reports. Figure 7 provides a

58 The one-off unvalidated exercise referred to at paragraph 4.16 found that, in 2007-08, 319 homes received a total of 1,901 complaints.

Part Four:
Dealing with and Reporting on Complaints and Quality Issues

breakdown of the categories of complaints received during 2008-09. Over one third of residential care and nursing home complaints referred to RQIA related to care practice or personal care. A further 22 per cent of complaints related to staffing or management issues.

Figure 7: Summary of complaints received by RQIA, 2008-09



Source: RQIA quarterly reports 2008-09

4.33 Management information about complaints and quality issues in residential care and nursing homes is disjointed. This means that it is more difficult for Trusts, the HSC Board and RQIA to deal with quality issues in a planned proactive way. A new complaints procedure has been put in place and new monitoring arrangements are currently being established at HSC Board level (see paragraphs 4.12 and 4.13) and within Trusts (see paragraphs 4.2 to 4.6). It is important that this is seen as an opportunity to ensure that complete and meaningful management information on quality of care is captured, as a basis for identifying key issues, applying learning and sharing good practice.

The importance of having comprehensive management information on complaints and quality issues has recently been highlighted in GB

4.34 The importance of comprehensive, good quality complaints information has recently been highlighted in two investigations into Mid-Staffordshire NHS Foundation Trust[59]. These found that many complaints from patients and families about quality of care were not known to the Trust's management board and that complaints were often grouped under broad headings such as "quality of care" and were effectively lost.

4.35 Complaints information must be comprehensive, meaningful and reported to management board level in order to be an effective management tool. We recommend that Trusts continue to be made aware of relevant issues arising from investigations around quality of care, and that examples of good practice are disseminated.

59 *Investigation into Mid-Staffordshire NHS Foundation Trust*, Healthcare Commission, March 2009 and *Independent Inquiry into care provided by Mid-Staffordshire NHS Foundation Trust*, HC375-1, February 2010

Appendices

Appendix 1:
(Paragraphs 2.5 and 3.3)

Outline of the Main Provisions of the 2005 Regulations

The 2005 Regulations for both nursing and residential care homes set out how the homes should be operated. The main provisions relate to:

- statement of purpose
- patients'/residents' guide
- fitness of the registered provider
- appointment of manager
- fitness of registered manager
- requirements to ensure quality of nursing/care and other service provision
- health and welfare of patients/residents
- assessment of patients/residents
- patients'/residents' care plans
- review of quality of nursing/care and other service provision
- facilities and services
- records
- staffing
- fitness of workers
- staff views as to conduct of the home
- complaints
- fitness of premises
- financial position
- visits by registered provider
- notification of death, illness and other events.

Appendix 2:
(Paragraphs 2.5 and 3.10)

Minimum Care Standards, DHSSPS, January 2008

Nursing homes	Residential care homes
Quality Care 1. Patients' involvement 2. Contact with family, friends and community 3. Admission to the home 4. Individual agreement 5. Nursing care 6. Completion of case records 7. Consent to examination, treatment and care 8. Nutrition 9. Referral to community health and social care professionals 10. Responding to patients' behaviour 11. Prevention and treatment of pressure ulcers 12. Meals and mealtimes 13. Programme of activities and events 14. Death and dying 15. Patients' money and valuables 16. Protection of vulnerable adults 17. Complaints 18. Transport 19. Continence management 20. Resuscitation 21. Breaking bad news 22. Palliative care 23. Meeting patients' safety needs	**Quality Care** 1. Residents' involvement 2. Contact with family, friends and community 3. Admission to the home 4. Individual agreement 5. Needs assessment 6. Care plan 7. Consent to examination, treatment and care 8. Resident records and reporting arrangements 9. Health and social care 10. Responding to residents' behaviour 11. Care review 12. Meals and mealtimes 13. Programme of activities and events 14. Dying and death 15. Residents' money and valuables 16. Protection of vulnerable adults 17. Complaints 18. Transport
Management of the home 24. Recruitment of staff 25. Management and control of operations 26. Policies and procedures 27. Management of records 28. Staff training and development 29. Staff supervision and appraisal 30. Staffing 31. Volunteers 32. Premises and grounds 33. Medical devices and equipment 34. Infection prevention and control 35. Safe and healthy working practices 36. Fire safety 37. Management of medicines 38. Medicine records 39. Medicines storage 40. Administration of medicines	**Management of the home** 19. Recruitment of staff 20. Management and control of operations 21. Policies and procedures 22. Management of records 23. Staff training and development 24. Staff supervision and appraisal 25. Staffing 26. Volunteers 27. Premises and grounds 28. Safe and healthy working practices 29. Fire safety 30. Management of medicines 31. Medicine records 32. Medicines storage 33. Administration of medicines 34. Medical devices and equipment 35. Infection prevention and control

Appendix 3: (Paragraph 2.5)

Values underpinning the standards – Nursing and Residential Care Homes

The philosophy and practice within a home should lead to a friendly, caring and stimulating atmosphere where the patients/residents are listened to and feel valued, their rights are upheld, their cultural and religious beliefs are respected, and living in the home is a positive and beneficial experience. In order to achieve this, managers and staff must at all times have the following values firmly embedded in their practice.

Dignity and respect
The uniqueness and intrinsic value of individual patients/residents is acknowledged and each person is treated with respect.

Independence
Patients/residents have as much control as possible over their lives whilst being protected against unreasonable risks.

Rights
Patients'/residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

Equality and diversity
Patients/residents are treated equally and their background and culture are valued and respected. The services provided by the home fit within a framework of equal opportunities and anti-discriminatory practice.

Choice
Patients/residents are offered, wherever possible, the opportunity to select independently from a range of options based on clear and accurate information.

Consent
Patients/residents have a legal right to determine what happens to them and their informed, genuine and valid consent to the care and support they receive is essential.

Fulfilment
Patients/residents are enabled and supported to lead full and purposeful lives and realise their ability and potential.

Safety
Patients/residents feel as safe as possible in all aspects of their care and life, and are free from exploitation, neglect and abuse.

Privacy
Patients/residents have the right to be left alone, undisturbed and free from unnecessary intrusion into their affairs and there is a balance between the consideration of the individual's own and others' safety.

Confidentiality
Patients/residents know that information about them is managed appropriately and everyone involved in the home respects confidential matters.

When these values are integrated into all aspects of planning, delivery and review of services and the Minimum Standards are being met, the home will be a resource that delivers the best possible outcomes for patients/residents living there.

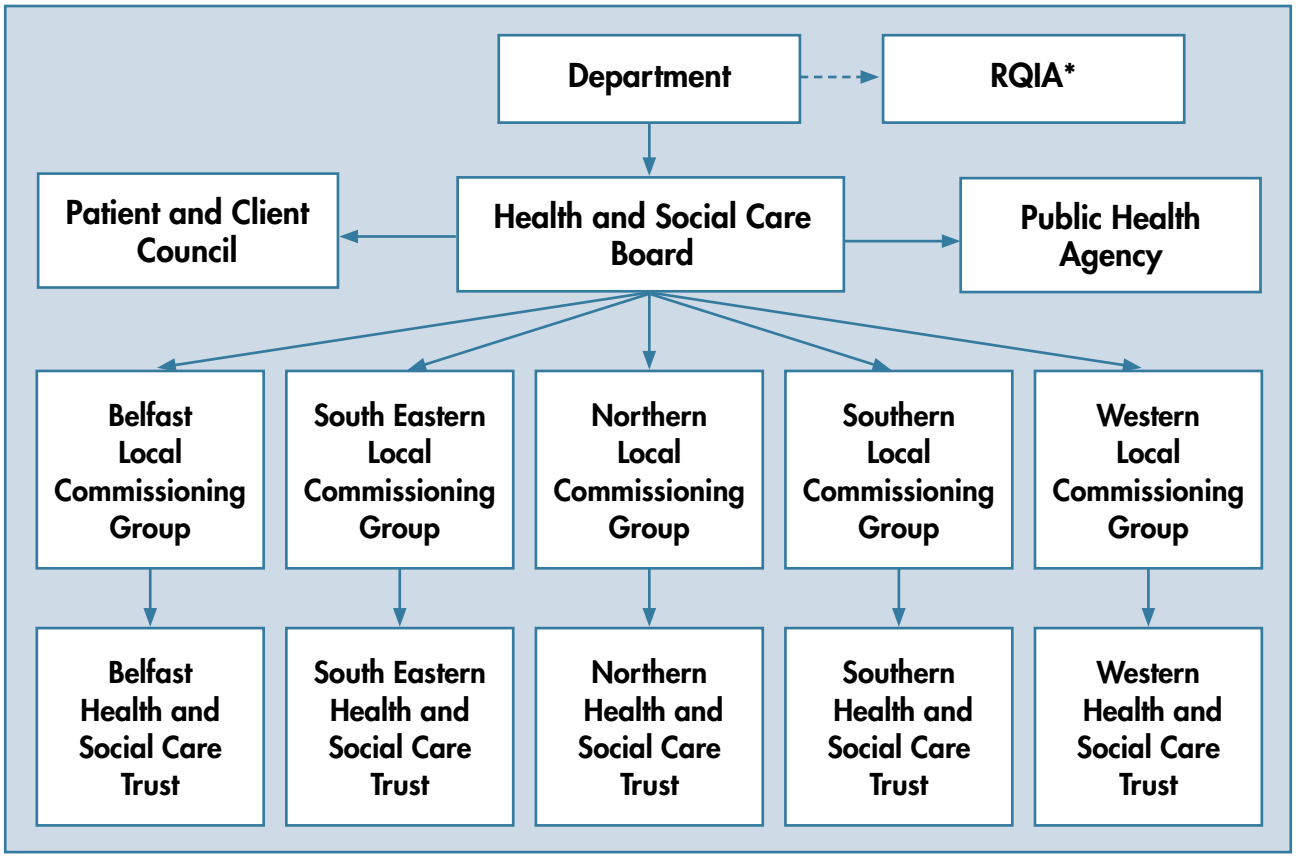
Source: 2008 Minimum Standards

Appendix 4:
(Paragraphs 2.8, 4.9 and 4.23)

Health and Social Care Structures

A Review of Public Administration (RPA) was launched by the Northern Ireland Executive in June 2002. Its purpose was to review the system of public administration and put in place modern, accountable and effective arrangements for public service delivery. In November 2005, the then Minister for Health, Social Services and Public Safety announced the reorganisation of health and social services under RPA. The key changes were:

- a reduction from 19 health and social services Trusts (18 hospital and/or community Trusts plus the Northern Ireland Ambulance Service) to six Trusts (five area-based Trusts plus the Ambulance Service). The new Trusts began operating in April 2007;
- abolition of the four Health and Social Services Boards, to be replaced with one Health and Social Care Board for the region. The new HSC Board began operating in April 2009;
- creation of the Public Health Agency, incorporating the Health Promotion Agency, which began operating in April 2009;
- replacement of 15 Local Health and Social Care Groups with five Local Commissioning Groups. These began operating in April 2009; and
- establishment of one Patient and Client Council to replace the four Health and Social Services Councils. The Council began operating in April 2009.



* RQIA is a non-departmental public body, which operates at arms length from the Department.

Appendix 5:
(Paragraphs 2.24, 3.6, 3.21 and 3.35)

The RQIA Inspection Process

In advance of an inspection, information about the arrangements for the inspection is provided to the residential care or nursing home. This includes information for patients/residents, families and visiting professionals.

During an inspection, the inspector will:

- interview the registered provider/manager of the home and the staff;
- talk to patients/residents and any visiting family members (announced inspections are publicised in homes in advance of the inspection date and patients/residents and relatives are encouraged to speak with the visiting inspector);
- observe the service in practice;
- look at how the service is run – staffing arrangements, training records, facilities and environment;
- review selected policies, procedures and records, including the complaints register, the patient/resident register and a sample of patient/resident care plans; and
- look in particular at the specific Minimum Standards (and associated criteria) agreed by inspectors as the focus for that year's inspections.

In addition, the inspector will seek the views of a sample of patients/residents, relatives, staff and visiting professionals through the use of questionnaires, either sent out beforehand or left for completion on the day of the inspection and returned to the inspector.

Generally, inspectors work with particular homes and therefore build up a picture of the quality of care in those home and any issues or problems they might have. Historically it is this knowledge that has helped inspectors decide whether a home needs more than the minimum number of inspection visits, in conjunction with on-going inspection findings.

Appendix 6:
(Paragraphs 3.16 and 3.17)

RQIA Inspection Process – Achievement Matrix

Level of Achievement	Definition
Not applicable	The criterion is not applicable to this service setting.
Unlikely to be achieved	The criterion is unlikely to ever be achieved.
Not achieved	The criterion is unlikely to be achieved in full in this inspection year. For example, the service has only started to develop a policy and implementation will not take place until after the inspection year.
Partially achieved	Work has been progressing satisfactorily and the service is likely to have achieved the criterion within this inspection year. For example, the service has developed a policy and will have completed implementation within this inspection year.
Substantially achieved	A significant proportion of action has been completed to ensure the service performance is in line with the criterion. For example, a policy has been developed and implemented but a plan to ensure practice is fully embedded has not yet been put in place.
Fully achieved	Action has been completed that ensures the service performance is fully in line with the criterion. For example, a policy has been developed, implemented, monitored and an on-going programme is in place to review its effectiveness.

Inspection Process – Maturity Matrix

Level of maturity	Definition
Aware	The agency is aware of the issues to be addressed but is unable to demonstrate decisions / actions to address them.
Responding	The agency recognises the key issues and has identified options that are prioritised, although there is no evidence of strategic direction.
Developing	The agency is taking steps to address the key issues through the development of strategic plans, with evidence of good practice across the organisation.
Practising	The strategic agenda is being progressed and monitored by the agency, with significant evidence of continuous improvement across the organisation.
Leading	The agency is leading the strategic agenda through the implementation of innovative practice that is shared across and beyond the organisation to others, enabling realisation of long-term sustainability.

Appendix 7:
(Paragraph 4.18)

Key features of effective local complaints handling

(Source: Feeding Back? Learning from complaints handling in health and social care, National Audit Office, HC 853, Session 2007-08, 10 October 2008)

1. **Establish an open and constructive complaints handling culture with commitment and leadership from senior management.**

   They should communicate to staff the importance of complaints as a key indicator of service users' experience and the expectation that complaints should be handled in a timely and responsive manner. The culture and attitude of the organisation can be a barrier to good complaints handling. Staff who are the subject of a complaint should also be provided with appropriate support.

2. **Equip complaints managers with the requisite skills and training based on standards and guidelines.**

   Complaints managers should also be given the authority and clout to deal with complaints effectively. Visible, senior management support will help ensure that complaints are handled effectively.

3. **Provide all front-line staff with the skills and confidence to respond to concerns and complaints in an open and constructive manner, including training in customer service and complaints handling.**

   Focussing on the early and prompt response to concerns can avoid, to an extent, escalation into a formal complaint.

4. **Provide clarity to service users about how to make a complaint and how, in general, their complaint will be handled.**

   This should include explanation of the different avenues such as email, telephone, letter, and informal approaches to resolving complaints, guidance about the availability of advocacy support, and clarity about the route to be followed in the event that the complaint crosses the boundaries of health and social care.

5. **Establish and document complainants' expectations at the outset and track any changes in expectations to increase the opportunity to resolve complaints quickly.**

   Provide information to each complainant about how long it is likely to take to handle their complaint; what they might expect by way of communication during the investigation and on conclusion; what remedies are open to them; and what to do should they remain dissatisfied with the outcome.

6. **Have a tracking system which captures details about the time taken to respond, costs incurred, issues and themes, evidence of action taken and, if relevant, changes to services as a result of complaints.**

   Use this information to provide feedback to staff and service users on the organisation's performance and the outcomes secured

in order to reinforce a constructive culture in complaints handling. Likewise, have regular reports to the board using both qualitative and quantitative information on the outcomes of significant complaints, details of changes made and complainant satisfaction surveys.

7. **Develop comprehensive approaches to obtaining feedback from complainants about the way complaints have been handled and their satisfaction with outcomes.**

   This feedback should be used to identify the strengths and weaknesses of local resolution from the users' perspective.

8. **Publicise the implementation of recommendations, service changes and improvements arising from complaints.**

   Making the outcomes known can promote public confidence in the value of complaining and reassure service users that it can make a difference.

9. **Assess and monitor the number, type, severity and outcome of complaints received by providers of commissioned services.**

   Commissioners of services should monitor whether providers encourage feedback from service users and how they address concerns.

10. **Benchmark performance on complaints handling both within and between similar organisations.**

    Benchmarking can provide organisations with assurance on performance, including whether they are deploying the right capacity on complaints handling and the quality of the resources used, and whether they are receiving more or less complaints than might be expected. As a starting point, organisations should build on the information we have provided in our individual feedback reports.

Appendix 8:

Links to main reference sources

Footnote	Website link
1	http://www.dhsspsni.gov.uk/
2	http://www.dhsspsni.gov.uk/index/stats_research/stats-cib-3/statistics_and_research-cib-pub/adult_statistics-1/statistics_and_research-cib-community_statistics.htm
3	http://www.nisra.gov.uk/demography/default.asp20.htm
4	See link for footnote 2
6	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4081593
7	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009379
8	http://www.dhsspsni.gov.uk/bestpractice2002.pdf
9	http://www.niauditoffice.gov.uk/pubs/onereport.asp?arc=True&id=204&dm=0&dy=0
10	http://www.dhsspsni.gov.uk/priorities_for_action
11	http://www.opsi.gov.uk/si/si2003/20030431.htm
13	http://www.opsi.gov.uk/Sr/sr2005/20050160.htm http://www.opsi.gov.uk/Sr/sr2005/20050161.htm
14	http://www.dhsspsni.gov.uk/spsd-standards-quality-standards
15	http://www.rqia.org.uk/cms_resources/Care%20Standards%20Residential%20Care%20Homes%20Jan%2008.pdf http://www.rqia.org.uk/cms_resources/Care%20Standards%20Nursing%20Homes%20Jan%2008.pdf
16	http://www.dhsspsni.gov.uk/sqsd-standards-service-frameworks
20	http://www.legislation.gov.uk/nia/2009/1/pdfs/nia_20090001_en.pdf
21	http://www.dhsspsni.gov.uk/mipb_-_08-09.pdf
24	http://www.dhsspsni.gov.uk/hsc-eccu-1-2010.pdf
29	http://www.rqia.org.uk/cms_resources/Staffing%20Guidelines%20for%20Nursing%20Home%20Version.pdf
30	http://www.rqia.org.uk/cms_resources/Guidance%20on%20Essential%20Training%20for%20Providers%20of%20Care%200_7.pdf
31	http://www.dhsspsni.gov.uk/pss-development-training-trategy-2006-2016.pdf
32	http://www.niscc.info/
34	http://www.niscc.info/induction_standards-109.aspx
35	http://www.rqia.org.uk/publications/quarterly_reports.cfm

Footnote	Website link
37	http://www.cqc.org.uk/ http://www.carecommission.com/ http://wales.gov.uk/cssiwsubsite/newcssiw/?lang=en
41	http://archive.cabinetoffice.gov.uk/opsr/documents/pdf/policy.pdf
42	http://www.nihrc.org/index.php?option=com_content&task=view&id=96&Itemid=105
43	http://www.rqia.org.uk/cms_resources/Enforcement%20Policy%20Procedure%20Final.pdf
47	http://www.dhsspsni.gov.uk/hsc_complaints__complaints_in_hsc_standards_and_guidelines_for_resolution_and_learning_1_april_2009.pdf
48	http://www.dhsspsni.gov.uk/hsc_sqsd_23-2009.pdf
49	http://www.the-shipman-inquiry.org.uk/fifthreport.asp
50	http://www.ni-ombudsman.org.uk/pubs/Annual_Report_2010.pdf
53	http://www.nao.org.uk/publications/0708/learning_from_complaints.aspx
54	http://www.ni-ombudsman.org.uk/pubs/Rights_Responsibilities_Booklet.PDF
55	http://www.ombudsman.org.uk/improving-public-service/ombudsmansprinciples/principles-of-good-complaint-handling-full
56	http://www.ehssc.org/pdfs/Advocacy%20Report.pdf
57	http://www.ageuk.org.uk/northern-ireland/
59	http://www.cqc.org.uk/_db/_documents/Investigation_into_Mid_Staffordshire_NHS_Foundation_Trust.pdf http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113018

NIAO Reports 2009-2010

Title	HC/NIA No.	Date Published
Absenteeism in Northern Ireland Councils 2007-08	–	9 January 2009
Obesity and Type 2 Diabetes in Northern Ireland	NIA 73/08-09	14 January 2009
Public Service Agreements – Measuring Performance	NIA 79/08-09	11 February 2009
Review of Assistance to Valence Technology: A Case Study on Inward Investment	NIA 86/08-09	25 February 2009
The Control of Bovine Tuberculosis in Northern Ireland	NIA 92/08-09	18 March 2009
Review of Financial Management in the Further Education Sector in Northern Ireland from 1998 to 2007/ Governance Examination of Fermanagh College of Further and Higher Education	NIA 98/08-09	25 March 2009
The Investigation of Suspected Contractor Fraud	NIA103/08-09	29 April 2009
The Management of Social Housing Rent Collection and Arrears	NIA 104/08-09	6 May 2009
Review of New Deal 25+	NIA111/08-09	13 May 2009
Financial Auditing and Reporting 2007-08	NIA 115/08-09	20 May 2009
General Report on the Health and Social Care Sector in Northern Ireland 2008	NIA 132/08-09	10 June 2009
The Administration and Management of the Disability Living Allowance Reconsideration and Appeals Process	NIA 116/08-09	17 June 2009
The Pre-School Education Expansion Programme	NIA 133/08-09	19 June 2009
Bringing the SS Nomadic to Belfast – The Acquisition and Restoration of the SS Nomadic	NIA 165/08-09	24 June 2009
The Exercise by Local Government Auditors of their functions	–	30 June 2009
A Review of the Gateway Process/The Management of Personal Injury Claims	NIA 175/08-09	8 July 2009
Resettlement of long-stay patients from learning disability hospitals	–	7 October 2009
Improving the Strategic Roads Network - The M1/ Westlink and M2 Improvement Schemes	–	4 November 2009
The Performance of the Planning Service	–	25 November 2009
Improving Adult Literacy and Numeracy	–	9 December 2009
Absenteeism in Northern Ireland Councils 2008-2009	–	11 December 2009

Title	HC/NIA No.	Date Published
Campsie Office Accommodation/ Synergy e-Business Incubator (SeBI)	–	24 March 2010
The Management of Substitution Cover for Teachers: Follow-up Report	–	26 May 2010
Managing the Performance of NI Water	–	16 June 2010
Schools' Views of their Education and Library Board 2009	–	28 June 2010
School Design and Delivery	–	25 August 2010
CORE: A Case Study in the management and control of a local economic development initiative	–	27 October 2010

Printed in the UK for the Stationery Office on behalf of the Northern Ireland Audit Office
PC2816 12/10

Published by TSO (The Stationery Office) and available from:

Online
www.tsoshop.co.uk

Mail, Telephone, Fax & E-mail
TSO
PO Box 29, Norwich, NR3 1GN
Telephone orders/General enquiries: 0870 600 5522
Fax orders: 0870 600 5533
E-mail: customer.services@tso.co.uk
Textphone 0870 240 3701

TSO@Blackwell and other Accredited Agents

Customers can also order publications from:
TSO Ireland
16 Arthur Street, Belfast BT1 4GD
Tel 028 9023 8451 Fax 028 9023 5401

ISBN 978-0-337-09658-7