

Introduction

Minimum Standards for Independent Healthcare Facilities set the criteria that providers have to meet in order to be registered with the Regulation and Quality Improvement Authority. In this guide we call the Authority by its short name – the RQIA.

The RQIA also has a duty to inspect these facilities to make sure they are complying with the standards and providing a good minimum standard of care for the patients and clients that use the services. The minimum standard is not the highest quality of care, but the benchmark that all providers have to meet. We know that some providers provide much higher levels of care than the minimum set out in these standards. But through these standards, we are trying to make sure that everyone being treated in an independent healthcare facility has a quality of care that is ensured.

An independent healthcare facility is one that is not owned by the health service. It might be a private organisation or run by a charity. Sometimes a patient or client is referred to an independent facility for treatment by the Health and Social Care Service (HSC) and the treatment is paid for by the HSC, but patients and clients do go there directly and pay for the treatment or procedure themselves.

Under the Regulations for Independent Healthcare facilities, the services that have to register are:

- Independent hospitals that perform in-patient and out-patient treatments;
- Independent clinics; hospices;
- Independent mental health facilities; and
- Independent medical agencies.

Some other organisations also have to register if they provide the following services:

- Laser and intense pulsed light services (including eye surgery and some types of laser hair removal in beauty salons);
- IVF;
- Hyperbaric oxygen therapy; and
- Peritoneal dialysis and haemodialysis.

As well as these minimum standards, there are many other laws and sets of guidance that independent facilities have to work under. These could cover laws for employment and recruitment and health and safety or could be best practice guidance issued by the Department of Health, Social Services and Public Safety or professional bodies such as a Royal College.

It is up to the owners and managers of independent healthcare facilities to understand and comply with all the laws and guidance that relate to their business.

Not all of the standards apply to every setting that is regulated by the RQIA.

Standards 1-28 apply to all independent establishments.

Standards 29-36 apply to hospitals, clinics and hospices.

Standards 37-43 only apply to hospices.

Standards 44-47 are for clinics providing IVF.

Standard 48 is for laser and intense pulsed light services.

Standard 49 is for dialysis services.

Standard 50 is for hyperbaric oxygen therapy services.

Standards 51 – 67 are for independent hospitals providing in-patient mental health care.

Section 2 of the standards sets out the requirements for people who want to own or run independent healthcare establishment.

Standard 1 – Informed Decision Making.

This standard is about making sure you have all the information you need about the facility and the services it offers to help you decide if you want to use it for your treatment.

Clinics and hospitals have to be clear and upfront about their services, the costs and the claims made in any advertising have to be honest.

There shouldn't be any financial incentives offered when advertising cosmetic surgery.

Standard 2 – Informed Consent

Consent is your permission for any treatment to be carried out. In order to give your consent for treatment, you have to understand any risks and other options available to you.

There are specific rules for consent for children and people whose mental capacity is limited.

If you do not give your consent for treatment, it cannot be carried out.

Standard 3 – Safeguarding Children and Vulnerable Adults

This standard is about protecting you from harm. Facilities have to make sure the people in their care are not at risk of abuse.

The staff have to know the signs of abuse and what to do if they find out a patient or client has been or is at risk of being abused when in their care.

Standard 4 – Dignity, Respect and Rights

This standard sets out what facilities have to do to uphold your dignity, respect and rights when you're in their care.

Independent facilities have to find out and act on the views of their patients and clients in order to maintain a high quality service.

Standard 5 – Patient Partnerships

This standard is about how facilities must engage with patients to make sure they are providing quality care.

Standard 6 – Care Pathway

This standard is about planning your care from the moment you enter the setting, to when you leave.

As a patient, you must have an assessment of your needs and the facility has to be certain that all your needs can be met before they agree to treat or care for you. The assessment and what it entails must be explained to you before it is carried out. If you are to be assessed by more than one person, the process must be explained to you each time.

Your treatment and care must be discussed with you in a way that you understand and you must agree to it. All the people involved in your treatment and care must understand the plan and how it meets your individual needs.

If you have an operation, there must be arrangements in place for your care immediately afterwards – sometimes this is called “in recovery”.

There must be a clear plan for any ongoing treatment or care that you might need when you are discharged from the facility and, if you agree, there should be a letter sent to your GP to let them know you have been treated in an independent facility.

If you receive what are referred to here as specialist services, such as chemotherapy or radiology, these must be delivered in accordance with the law and best practice.

Standard 7 – Complaints

If you are not happy about the service you receive, this standard sets out how facilities should deal with complaints.

Standard 8 – Records

Facilities must keep appropriate records about the people they treat and care for. This standard sets out the requirements for record-keeping in line with the law and best practice.

Standard 9 – Clinical Governance

This standard is about the steps that establishments must take to make sure they are carrying out all procedures safely.

There must be arrangements in place to report incidents and accidents to the RQIA and for managing emergencies.

The standard also sets out the responsibilities on managers for making sure staff are properly qualified, registered and insured to do their jobs.

Standard 10 – Qualified Practitioners and Indemnity

This standard ensures that all practitioners have the qualifications, training and experience necessary to perform their job to a high standard.

Indemnity is the insurance practitioners need to do their jobs.

Standard 11 – Practising Privileges

Practising privileges are the terms and conditions under which consultants work in the facility. This standard sets out rules for how privileges should be considered and granted.

Standard 12 – Staff Numbers

This standard ensures that facilities have enough staff on duty at all times to make sure all patients and clients are safe and well-looked after.

As well as the staff who carry out the treatments, procedures and care, there must also be enough support staff to make sure that jobs such as office work and cleaning do not interfere with patient and client care.

There must be a manager in charge of the facility at all times.

Standard 13 – Staff Supervision, Training and Development

This standard is about staff being kept up to date with all developments in their area of expertise as well as general training in areas such as health and safety and safeguarding. Facilities must have a programme in place to keep staff suitably trained.

Supervision is where staff's performance in their job is overseen by a manager to make sure they are working to a high standard.

Appraisal is the opportunity for a manager to discuss staff's performance and agree any areas for improvement.

Standard 14 – Recruitment

This standard is about ensuring that staff are recruited in line with the law and best practise.

The standard sets out additional checks that should be carried out before staff are recruited to work in independent healthcare facilities, including criminal records, confirming qualifications and for references from previous employers.

Standard 15 – Volunteers

Not all settings will have volunteers working there, but where they are, this standard covers how they should be employed.

Volunteers cannot be counted as paid members of staff for numbers and their roles and responsibilities must be very clear to them, other staff and patients and clients.

Standard 16 – Management and Control of Operations

This standard is about how settings should be managed.

It covers a range of issues that can affect the quality of the service provided by an organisation including working practices, reporting serious incidents to the RQIA, ensuring there are arrangements in place to deal with alerts about treatments or equipment, dealing with poor staff performance and insurance cover for staff and the buildings.

Standard 17 – Risk Management

All facilities have to consider the variety of risks that could have an impact on their patients and clients, staff, buildings and, ultimately, their business. These include areas such as infection control, health and safety and fire safety as well as management of medicines and decontamination.

This standard gives guidance on some risks that must be considered by all settings, but there will be others that individual facilities will also take into account.

Standard 18 – Dealing with Medical Emergencies

Every facility must have staff who are trained to deal with medical emergencies and know how to use basic first aid and resuscitation techniques.

Standard 19 – Policies and Procedures

Settings have to have a number of policies and procedures. This standard sets out how they should be shared with staff and patients and clients and reviewed.

Standard 20 – Infection Prevention and Control

This standard is about minimising the risk of infection for patients and clients, visitors and staff.

There must be procedures in place to ensure effective infection control and all staff must be trained in this area.

There must be information for patients and clients on what settings are doing in relation to infection control.

If there is an outbreak of certain infections, the RQIA must be informed and appropriate records kept.

Standard 21 – Decontamination

Where re-useable equipment is used for treatments and procedures, there must be effective decontamination to ensure the equipment does not carry any infection for the next patient or client it is used on or member of staff who uses it.

The standard says that it is preferable where possible for facilities to use disposable, single-use equipment in order to minimise the need for decontamination. However, this is not always in the best interest of the patient or client.

Standard 22 – Premises and Grounds

This standard sets the criteria for the premises and grounds of the facility you are using. It covers aspects of maintaining a building including complying with other laws set in relation to fire safety, health and safety and environmental health. The standard also says that the facility must be well-maintained and in good decorative order.

There must be appropriate equipment to accommodate the needs of patients and clients with additional needs (for example if they have a physical or sensory disability) if the facility says it caters for them.

The standard says that facilities must have contingency plans in place in case of emergencies including loss of power or water and there must be access for emergency vehicles to get on site if they need to.

There are extra standards for facilities where patients might be in a bed for part or all of the day or overnight. These standards say that you should have access to single-sex washing and toilet facilities and that there are call systems in all parts of the building that you might use so you can contact staff if you need to.

Standard 23 – Medical Devices and Equipment

A medical device is a piece of equipment that is used to diagnose, treat or prevent a medical condition but is not a medicine or drug.

This standard ensures that any medical devices or other equipment used in the facility is fit for purpose and stored and maintained so it is used safely and effectively.

Standard 24 – Fire Safety

This standard ensures that facilities pay appropriate attention to all aspects of fire safety including having safety inspections as required under the law and having staff who know what to do to prevent fires and how to act if a fire breaks out.

Standards 25 – 28 – Medicines Management

Not all facilities that are registered and inspected under these standards will use medicines. These standards set out the criteria for those that do and cover the safe and effective storage, prescription, dosage and disposal of medicines used in the setting.

Standard 29 – Medical Cover

This standard says that there must be enough appropriately trained and qualified staff to provide medical cover at all times in the facility.

All staff must know who is providing the cover in the facility and there should be a rota on display for them to get this information. They must know how to contact the medical cover and also how to get additional advice from consultants or specialists when necessary.

Standard 30 – Medical Advisory Committee

Where an establishment has a medical advisory committee, this standard sets out its responsibilities to ensure the setting is up to date with developments in medical practise.

The committee also grants practising privileges to consultants.

Standard 31 – Resuscitation

This standard sets out procedures on emergency resuscitation, including where a patient has asked not to be resuscitated.

Standard 32 – Surgery

If a setting provides surgery, there are a number of criteria that have to be met including issues such as the training, qualification and experience of staff performing the surgery, the operating theatre itself and the equipment used.

As well as the criteria set out in this standard, there are a number of other best practice guidelines that surgeons must comply with.

There are criteria about the anaesthetist and the surgeon and how he or she must monitor patients during and after their operations.

Patients must have all aspects of their surgery explained to them as part of the consent process – including the risks of surgery as well as the recovery time and any potential side-effects.

Standard 33 – Services for Children and Young People in Independent Hospitals and Clinics

Children have very specific needs in terms of the staff, equipment, medicines and information that is needed for their treatment.

This standard says that the facility must have the appropriate staff and equipment to treat children and there must be information that they can understand about their treatment.

There are specific rules on consent for children.

Parents and carers must be kept up to date with what is happening regarding their child's treatment and care and they must be able to stay with them during their stay.

Standard 34 – Pathology

Pathology in these standards refers to the diagnosis of a disease or condition. Where a facility provides pathology services, these have to comply with standards on the collection, labelling, storage and preservation of samples.

When using pathology services to report test results, the setting has to be assured of its patients' confidentiality at all times, including on computer systems.

Standard 35 – Breaking Bad News

Sometimes, a setting will have to deliver bad news to a patient about their diagnosis or treatment. This standard says that staff must have specific training in delivering bad news and must act sensitively.

Staff must obtain patients' permission before sharing their bad news with their family.

Standard 36 – Care of the Dying

This standard is mainly concerned with the dignity of those patients who are dying as well as their carers and family.

The standard says that the patient and their carers or family where appropriate must be involved in all decisions made about their care when they are dying and that all staff involved in their care must be aware of decisions made.

The carers and relatives of a dying patient must be supported during this very difficult time.

Standard 37 – Arrangements for Specialist Palliative Care

Specialist palliative care is the term used to describe an approach to the treating patients with life-threatening illness. It aims to improve the quality of these patients' lives and offer a support system to help them live as actively as possible until death.

Where specialist palliative care is carried out in a hospice, this standard sets out how this phase of palliative care must be handled. It says that the patient and their carers should understand the steps taken in their care and be given time to make decisions about their treatment.

Decisions must be shared with all the staff who are involved in the patient's treatment and there must be good support not only for the patient, but also their family and carers when they need it.

Standard 38 – Discharge Planning

This standard says that where a patient is discharged from a hospice, there must be a plan in place to make sure their care is continued when they leave and that this plan is shared with other services who will be involved in the on-going care.

Standard 39 – Bereavement Care Services

This standard is about the care offered by the hospice to the family of a patient who has died.

Standard 40 – Palliative Care Team

This standard says that the all the members of the team looking after a patient receiving palliative care, work according to best practice and know all the details about their patient.

Standards 41 - 43 – Standards for Children in Hospice Care

Hospice care for children has different standards to that for adults. The type of care that children need in a hospice can be very different to that required for adults.

The standards in this section cover the type of care children and their parents can expect as well as the qualifications of the staff working in the hospice, the building itself and its facilities.

Standard 44 – 47 – Standards for Facilities Providing Fertility Services and Assisted Conception

These standards cover what is required for organisations providing fertility services and assisted conception. They aim to ensure that the premises, equipment and staff are of a sufficiently high standard to make sure clients receive a good quality of care.

Standard 48 –Facilities using Lasers and Intense Light Sources

This standard sets the criteria for facilities that use certain classes of lasers and intense light sources for treatments such as laser eye surgery and hair removal. The standard says that people using these lasers have to be trained to use the equipment safely in the right room.

Standard 49 –Facilities Providing Dialysis

This standard sets the criteria for facilities that provide dialysis services. The staff working in the establishment have to be properly trained and qualified and must be using the right equipment.

Standard 50 - Facilities Providing Hyperbaric Oxygen Treatment

These standards cover what is required for organisations providing hyperbaric oxygen treatment. They aim to ensure that the premises, equipment and staff are of a sufficiently high standard to make sure clients receive a good quality of care.

Standards 51-67 apply to establishments providing in-patient mental health care.

In Northern Ireland, the Mental Health (Northern Ireland) Order 1986 is the law that sets out the assessment, treatment and rights of people with mental health conditions. These standards reflect what is in the Order and it is referred to throughout these standards.

These standards are for hospitals that provide in-patient care for people with mental health conditions. These hospitals must also work to standards 1 – 28 which apply to all independent healthcare establishments.

There are lots of other pieces of legislation, guidance and best practice which apply to mental health and independent hospitals must also comply with these.

Standard 51 - Admission and Assessment

This standard says that patients are assessed and admitted properly for mental health care.

Standard 52 - Empowerment

This standard is about making sure patients know their rights and have information about the treatment they will receive.

Standard 53 - Risk Assessment and Management

The hospital must make sure that patients, staff, visitors and the general public are not put at risk by anything that happens there. There have to be procedures in place to prevent self-harm and suicide.

Standard 54 - Levels of Observation

Patients in mental health hospitals should be observed according to Northern Ireland guidance and there must be accurate, up to date notes about these observations.

Standard 55 - Children and Adolescents in Adult Wards

If a child or young person is placed in an adult ward in a mental health hospital, they must be kept safe.

Standard 56 - Electro-Convulsive Therapy (ECT)

ECT must be delivered safely.

Standard 57 - Specific Treatments

All treatments and drugs must be given safely and accurate records kept. Patients must give consent for treatment. All medicines must be stored safely in the hospital.

Standard 58 - Managing Disturbed Behaviour

This standard says that those patients who display aggressive or violent behaviour must be treated in a way that does not restrict their freedom unnecessarily. Other patients and staff must be kept safe.

Standard 59 - Unexpected Patient Death

When a patient dies unexpectedly, there must be procedures in place to provide help and support to their family. There must be an investigation into the death and other relevant agencies must be informed.

Standard 60 - Patients Absent Without Leave

Where a patient absents themselves without leave, there must be arrangements in place to manage the situation. If a patient regularly leaves without permission, their care plan should be reviewed to minimise this risk.

Standard 61 - Patient Restraint and Physical Interventions

This standard says that patients who require restraint are managed safely. Staff must be trained in the correct techniques and the way the hospital is run should minimise the need to restrain patients. If a patient is restrained, they must be reviewed as soon as possible by a nurse.

Standard 62 - Detained Patients

This standard is about the policies and procedures needed for patients that are detained in mental health hospitals. A detained patient is one that has not admitted themselves to the hospital, but has been admitted because they might be a danger to themselves or others. The standard sets out how detained patients should be treated and their rights maintained when they are in the hospital.

Standard 63 - The Rights of Patients Under the Mental Health Order

This standard sets out what hospitals have to do to make sure patients are aware of their rights.

Standard 64 - Seclusion

If a patient is placed under seclusion, this standard sets out what the hospital must do to manage it correctly. Seclusion is where a patient is kept away from other patients, usually in a separate room and supervised. Use of seclusion should be kept to a minimum, but the rooms used for it should be private, comfortable and safe.

Standard 65 - Leave

This standard sets out how hospitals must make sure patients' leave is well-managed and safe. Patients should understand the arrangements for leave such as the time allowed, anyone who is to escort them, where they are to go and so on.

Standard 66 - Patients Absent Without Leave Under Article 29 of the Mental Health Order

Article 29 of the Mental Health Order refers to detained patients. This standard is about how hospitals must deal with detained patients who leave without permission.

Standard 67 - Staff Training on the Mental Health Order

In order to do their job properly, staff must be trained on the Mental Health Order and how it applies to their job. The hospital must have explanations for patients and their families or carers explaining their rights and responsibilities set out in mental health law.

Section 2 – Requirements for Registration

This section sets out the requirements that all facilities must meet in order to become registered.

It covers issues such as the qualifications and experience that the owners and managers of facilities must have, as well as requirements for the size and layout of the buildings themselves.

Every facility must have a Statement of Purpose. This is a document which sets out exactly what the facility does and how it is organised. The Statement of Purpose should be available to patients, clients and carers to read and understand before they agree to any treatment or care.

Finally in this section is a list of all policies and procedures that each setting must have in place.