



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Guidance for Designated Centres

The Inspection Process

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1. Inspections explained

The Health Information and Quality Authority (the Authority) has among its functions under law, responsibility to regulate the quality of services provided in designated centres for dependent people, children and adults with disabilities.

This is a guidance document for service providers outlining HIQA's inspection process. It explains what you and your staff can expect before, during and after an inspection. It also tells you, the provider, what you need to do to prepare for an inspection by the Authority.

*For more information on what constitutes a designated centre, please read our guidance on this, called **What constitutes a designated centre for people with disabilities?**, available on www.hiqa.ie.*

2. The purpose of regulation

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services.

Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of high quality national standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

Regulation has two aspects:

- registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

3. The purpose of inspection

The purpose of inspection is to monitor a provider's compliance with regulations and standards, to gather evidence on which to make judgments on the fitness of the registered provider and to report on the quality of the service.

Through inspection, inspectors ensure that centres are operated strictly in accordance with the statement of purpose and that providers are complying with the requirements and conditions of their registration.

Inspections can be announced (where you are told in advance about the inspection) or unannounced (where you are not told in advance) and can take place at any time, day or night, on any day of the week:

- to monitor continuing compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Authority that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents.

4. The Authority's monitoring approach

The Authority's monitoring approach (referred to by the Authority as AMA) is a framework that applies to all regulatory activities carried out by the Authority and it ensures:

- the consistent and timely assessment and monitoring of compliance with regulations and standards
- a consistent and proportionate approach to regulation and risk.

Inspections carried out under the AMA framework are done under 'Themes' and 'Outcomes'.

4.1 Themes

The Authority has devised a framework for developing standards; following a review of international and national evidence, engagement with international and national experts and the application of the Authority's knowledge and experience of the Irish health and social care context.

Based on this framework, there are themes covered by the National Standards which relate to the dimensions of quality and safety and also to capacity and capability issues. Collectively, these themes describe how a service provides high quality, safe and reliable care centered on the person using the service.

4.2 Outcomes

An outcome is a statement which sets out what is expected in a service or centre set out under the themes of 'Quality' and 'Safety'. Outcomes are based on the requirements of the National Standards and, where relevant, regulations. Designated centres are currently inspected under 18 outcomes which are specific to services for children, dependent people and people with disabilities.

5. What are the different types of inspections?

A number of different types of inspection will be carried out in order to monitor ongoing compliance with regulatory requirements and to ensure continual improvement.

5.1 Registration-related inspections

Every centre receives an 18-outcome inspection visit as part of the registration process. The inspection will take place, at a minimum, once in a three-year cycle. Its primary purpose is to inform a registration or registration renewal decision. However, an 18-outcome inspection can also be carried out at other times during the three-year cycle as informed by the centre's risk profile.

During a registration-related inspection, an inspector will assess your understanding of, and capacity to comply with, the requirements of the regulations and National Standards. A registration inspection will always be announced.

5.2 Additional inspections

5.2.1 Scheduled

Scheduled inspections will take place during the three-year registration cycle. How often these inspections take place is informed by your level of compliance with the standards and regulations, demonstrated on the previous inspection, and any information the Authority receives about your centre in the intervening time. These inspections will generally be unannounced and inspectors may look at some or all of the 18 outcomes.

5.2.2 Follow-up inspections

Follow-up inspections will often be carried out following a scheduled inspection to check on specific matters arising from a previous inspection and to ensure that the action required by you has been taken. Follow-up inspections will take place:

- when direct observation or communication is required in order to verify that an action has been undertaken and improvement has taken place. For example, that staff members' understanding of the policy on the prevention and detection of abuse has improved.
- when full triangulation is necessary in order to be assured that the required actions have been taken. For example, that residents have meaningful occupation during the day, that the activity schedule is being implemented and that residents and relatives are satisfied with it.
- when the history of the centre is such that the inspector believes that only an inspection can verify that the required actions have been taken. For example, where there has been a previous inspection which found continued non-compliance.
- when an action plan update has already been received and has been judged unsatisfactory by the inspector. For example, where the actions taken have been vague and/or improvements have not been made despite discussions between the inspector and the provider.

5.2.3 Thematic inspections

The Authority has also recently introduced a themed approach whereby the inspection focuses on specific issues. For example, the themes chosen for nursing homes in 2013 were 'Food and Nutrition' and 'End of Life Care'.

As part of thematic inspections, the Authority has produced self-assessment questionnaires and regulatory guidance which are available on www.hiqa.ie.

5.2.4 Single-issue inspections

In some instances an inspection will be required to focus on a single or specific issue. Single-issue inspections arise from a number of events including receipt of a complaint, concern or notification to HIQA of a significant event affecting the safety or well-being of residents.

This inspection allows the inspector to focus (but not exclusively) on the area of concern indicated by the information the Authority has received. As part of the single-issue inspection, the inspector may also look at a number of the 18 outcomes.

For any inspection type, the inspection visit is only part of the inspection process. The process starts with the submission of data/information about the centre and concludes when you receive the inspection report.

6. The difference between announced and unannounced inspections

All inspections, with the exception of the registration-related inspection which will always be announced, can be announced or unannounced and may take place at any time of day or night.

The benefit of the announced inspection is that residents and relatives will know in advance that an inspection is planned and that they may request to see the inspector. It also provides you with the opportunity to show us your service as you would like it to be seen. Regulation is not designed to 'catch you out'; it is intended to stop poor or dangerous practice and to encourage service providers to improve the quality of care for residents.

The Authority does not expect you to use valuable time in making changes for the inspection rather than caring for residents; inspectors like to see your provision 'as it is'. Neither does the Authority intend that you spend disproportionate amounts of time or resources filling in forms for us. However, the Authority may ask for some documentation prior to the inspection so that inspectors can spend less time in your office and more time with residents.

Unannounced inspections may take place during the day or at night. The Authority therefore asks that you notify all your staff that inspectors may call at any time or on any day.

You should also tell your staff to ask to see the inspectors' authorisation before letting them enter the premises.

All HIQA inspectors carry their authorisation cards with them while on inspection.

7. Announced inspections

7.1 When will I know my inspection date?

A member of the Authority's administration team will usually contact you to let you know the date and month of your inspection. You will usually be given at least one month's notice of an announced inspection.

However, sometimes the Authority may give you short notice or undertake an unannounced inspection. Inspectors want to see your service running as normally as possible on any given day without special arrangements.

7.2 Prior to the inspection

You will be notified in writing in advance of an announced inspection and as part of the notification the Authority will send you:

- a poster to be prominently displayed in your centre which informs all residents, relatives, visitors and staff of the date the inspection will take place and invites relatives and residents to meet with us during the inspection visit, if they wish.
- questionnaires to be distributed by you to residents and relatives in advance of the inspection seeking their views on different aspects of day-to-day life in your centre.

We may ask you to send us some supporting documentation, such as certain policies and procedures, or copies of staffing rotas. Please ensure that these are sent to us within the timescale required.

8. Who are the inspectors?

Our inspectors are all Authority-employed inspectors. Occasionally we may include external advisors on inspections when necessary.

Inspectors come from a variety of professional backgrounds. All have been trained in registration, inspection and enforcement and they will inspect all aspects of your centre.

The Authority is a national inspectorate. This means that all our inspectors have a caseload of designated centres that they hold individual responsibility for. Although, at any given time inspectors may also be required to conduct inspections throughout the country. In the interest of objectivity, the centres for which the inspector has responsibility will be changed periodically.

9. What happens during an inspection?

A residential care setting is a person's home and as inspectors are visitors in that home they do not expect changes to the residents' or the staffs' normal routine.

Inspectors aim to keep disruption to the daily routine to a minimum, although they will need to speak to the person in charge, the residents, their relatives and some members of staff.

At the beginning of the inspection, the inspector will talk to you about how he or she will be carrying out the inspection. You will have an opportunity to tell the inspector of any changes since the last inspection and to ask any questions you might have about the format of the day.

The inspector will explain how he or she will be carrying out the inspection and get some initial information from you about the staff who are present that day, how they are deployed, the residents' routines, and if there are any special activities taking place that he or she needs to be aware of.

Inspectors will keep the amount of time spent in the office to a minimum so that the majority of time will be spent where the daily activity takes place; observing practice and talking to residents, relatives and staff.

You can assist inspectors in doing this by having policies, procedures and key records readily available to them. Throughout the inspection, inspectors will take notes to assist them. Inspectors will spend most of the inspection visit:

- meeting with residents and relatives
- observing the day-to-day routines and activities
- talking to staff about their understanding of the care they deliver
- checking premises and equipment to ensure they are safe and promote the wellbeing of residents
- reviewing key records and relevant documentation.

10. Measuring the quality of your service: how do inspectors make judgments?

To assess the overall quality of the service you provide, our inspectors use a **Judgment Framework**. The purpose of the Judgment Framework is to support inspectors to reach decisions on whether a provider, manager or person in charge is compliant with one or more of the regulations and/or standards and to decide the most appropriate regulatory action to take in response to non-compliance.

The Judgment Framework complements the Authority's monitoring approach (AMA) by promoting consistent decision making through the use of standardised processes and tools. It provides transparency for providers and the public on how we make judgments about compliance and non-compliance.

We will judge a provider, manager or person in charge to be either **compliant** or **non-compliant** with one or more of the regulations and/or standards.

These are defined as follows:

- **Compliant:** A judgment of compliant means that the provider, manager or person in charge (as appropriate) has fully met a standard or - in the case of services subject to regulations - is in full compliance with the relevant regulation.
- **Non-Compliant:** A judgment of non-compliance means that some action is required by the provider, manager or person in charge (as appropriate) to fully meet a standard or - in the case of services subject to regulations - to comply with a regulation.

When non-compliance is identified, we will determine the severity of impact on those who use the service and judge it to be a **Major, Moderate** or **Minor** non compliance.

11. How do inspectors gather evidence?

In order to ensure that judgments are not simply made on the basis of single sources of evidence, e.g. one resident's/staff member's/relative's comments, our methodology for gathering evidence is based on:

- what is observed (observation)
- what is told to the inspector (questioning/discussions)
- what is read (documentation).

This means that our inspectors triple check everything to see if what is observed, what is told to us, and what is documented links together. This is a process known as triangulation of evidence.

12. Closing the inspection visit

Before concluding the inspection, the inspector will give you an opportunity to know the outcome of the inspection. The inspector will hold a feedback meeting with you and any member of your team you would like to attend.

The purpose of the meeting is to report on our findings, highlighting both good practice and where improvements are needed. This meeting also provides you with an opportunity to ask any questions you have.

While the inspector might need to review his or her findings further, you can expect that the feedback given to you and the information in the inspection report concurs. In other words, the inspection report should hold no surprises for you.

In order to continually improve our systems and processes, the Authority needs your feedback on how you experienced the inspection process. Following the inspection, you will be sent a Quality Improvement Questionnaire and the Authority would be very grateful if you could take the time to complete and return it to us.

13. What happens after your inspection?

An inspection report is drafted and sent to you within approximately 28 days of the inspection visit. The inspection report informs the reader of the findings of the inspection, and provides a formal record of any requirements and/or recommendations.

It is compiled from information and evidence gained about the centre prior to the inspection and findings from the inspection. In order to provide a balanced picture, the report will contain evidence of what is done well in your centre as well as what needs to be improved.

The inspection report is set out under 'Themes' and 'Outcomes' and will have the following sections:

- Summary of findings
- Outstanding actions since the previous inspection
- Findings and evidence from this inspection
- The action plan you have completed.

14. Additional forms

Depending on the findings outlined in your inspection report, there are further steps you may be required to take. There are a number of forms for this purpose:

- **Factual accuracy form**
A factual accuracy form will be sent with the inspection report. Any factual inaccuracies should be recorded on this form and returned to us.
- **Action plan**
You will be required to complete an 'action plan' setting out how you intend to address any non-compliance found by the inspectors and a timescale for doing so. The 'action plan' will be appended to the inspection report as received from you and published with it so interested parties can see what actions will be taken, or have been taken as a result of the inspection.

The inspection report is published on the Authority's website: www.hiqa.ie. The only exception to this is where enforcement action is ongoing as a result of inspection findings.

15. What can I do to be ready for my inspection?

- **Check that you and your staff are familiar with the relevant documents.**
The most important documents are:
 - The Health Act 2007
 - The regulations relevant to your service
 - The National Quality Standards relevant to your service.

- **Make sure you have addressed any non-compliances identified in your last inspection report**
 - Check your last report and make sure you dealt with any issues identified.
- **Check you have all the required records**
 - There are certain records that centres must keep by law. These are set out in the regulations. Have all of these ready to show the inspector if he or she asks to see them.
- **Keep any information about how residents view your service and any improvements you have made as a result**
 - This information will give a fuller picture of the service you provide and help the inspector see how well you work with residents to ensure the best outcomes.
- **Make sure you have available records of complaints and concerns**
 - From time to time residents or their representatives may complain to you about your service. You are likely to resolve these complaints without involving the Authority but you should be able to demonstrate to the inspector that you have considered the issues residents have raised and what you have done to make improvements.
 - You should also include information about serious incidents that have been reported to the Authority.
 - This will help the inspector check with you that the information on complaints and incidents that will go in the report is accurate.
- **Make sure you have notified the Chief Inspector of any significant changes to your provision**
 - There are certain changes and events in relation to your centre that you must tell the Chief Inspector about. These are set out in the regulations. For more information on these please read our *Statutory Notifications: Guidance for registered providers and persons in charge*, available on www.hiqa.ie

16. Contacting the Authority

In time you will get to know the lead inspector who holds responsibility for your centre and you will be able to direct any queries you have to that person.

However, in the meantime please feel free to contact us in either our Cork or Dublin offices and we will be happy to respond to your query or direct it to the most relevant person within the Authority.

Contact Numbers of the Health Information and Quality Authority:

- HIQA Head Office, Cork: (021) 240 9300
- HIQA Dublin Regional Office, Dublin: (01) 814 7400