



Inspection

02



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1. Inspections explained

The Health Information and Quality Authority's Social Services Inspectorate (SSI) was established under the Health Act 2007 to regulate the quality of residential care in designated centres for children, older people, and people with disabilities.

This guide outlines the inspection process and 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.

2. The purpose of inspection

The purpose of inspection is to gather evidence on which to make judgements on the fitness of the registered provider and to report on the quality of the service. We must:

- ensure that providers are complying with the requirements and conditions of their registration and meet the standards
- ensure that providers have systems in place to safeguard the welfare of service users
- provide information and evidence of both good and poor practice.

To assess the overall quality of the service you provide, our inspectors will ask the important question: **"What is it like to live here?"**

3. What are the benefits of inspection?

Inspection:

- contributes to the Health Information and Quality Authority's Social Services Inspectorate's (SSI) aim of promoting the improvement of health and social care services in Ireland
- enables you, the provider, to self-assess the quality of your service
- reduces the risk to your residents
- encourages you, as a provider, to strive towards excellence of service delivery
- reports on the safety and quality of designated centres
- enables members of the public to choose centres on the basis of sound, unbiased evidence of the quality of services.

4. What are the different types of inspections?

There are a number of different types of inspections:

1. Registration related inspections

- every centre receives an inspection visit as part of the registration and re-registration process (*see Guide to your registration*)
- new owners who have applied for first-time registration will receive an inspection visit prior to the centre operating. Another inspection visit takes place three to six months later when there are residents in the centre

- when there is a change of ownership and a new provider applies to be registered.

During a registration-related inspection an inspector will carry out a fit-person interview with you. The interview is designed to assess your fitness. Some aspects of your fitness will already have been assessed by the documentation you have provided as part of your application. The fit person interview will assess your understanding of, and capacity to comply with the requirements of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009¹ and the National Quality Standards for Residential Care Settings for Older People in Ireland.

2. Scheduled inspections

These are inspections that 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 SSI receives about your centre in the intervening time.

3. Additional inspections

- follow-up inspections, which are to check on specific matters arising from a previous inspection to ensure that the action required by you has been taken
- additional inspections, which follow a change in circumstances, for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that you have appointed a new person in charge

(see *Notifiable events, what the provider needs to know*)

- triggered inspections arise from a number of events including receipt of a complaint/concern or notification to us of a significant event affecting the safety or well-being of residents. The triggered inspection allows the inspector to focus (but not exclusively) on the area of concern indicated by the information SSI has received
- random inspections, which are "spot checks" of your service.

All inspections, with the exception of the registration inspection, which will always be announced, can be announced or unannounced and may take place at any time of day or night. The inspection visit is only part of the inspection process. The process starts with the submission of data about the centre and concludes when you receive the inspection report.

5. The difference between announced and unannounced inspections

The benefit of the announced inspection is that residents and relatives will know in advance that the Health Information and Quality Authority's Social Services Inspectorate is coming and that they may request to see the inspector. It is also so you can show 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

¹ These are also known as Statutory Instruments S.I. No. 236 of 2009 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and Statutory Instruments S.I. No. 245 Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009.

the quality of care for residents. The Health Information and Quality Authority's SSI 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 SSI intend that you spend disproportionate amounts of time filling in forms for us. However, SSI does 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's SSI therefore, asks that you notify all your staff that inspectors may call at any time. You should also tell your staff to ask to see the inspectors' authorisation before letting them enter the premises.

At an unannounced inspection carried out during the daytime, the inspectors may ask for a number of residents files, at random, and then carry out the inspection following the "pathway" from admission, auditing all aspects of the care provided.

6. When will I know my inspection date?

An administrator from the Health Information and Quality Authority's Social Services Inspectorate 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 SSI 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 you making any special arrangements.

7. Who are the inspectors?

There will usually be two inspectors carrying out an inspection, unless the service is particularly small when one inspector will usually be sufficient. The team members will be inspectors employed by the Health Information and Quality Authority's Social Services Inspectorate, but occasionally may include external advisors when necessary.

Inspectors come from a variety of professional backgrounds. All have been trained in registration, inspection and enforcement and will inspect all aspects of your centre. For each inspection there will be a lead inspector who is responsible for ensuring the inspection team is appropriate and balanced.

The Health Information and Quality Authority's Social Services Inspectorate works on a national basis. All inspectors will have a caseload of designated centres that they hold individual responsibility for, although at any given time inspectors will 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.

8. Prior to the inspection

Renewing your registration

If your registration is due for renewal, you must make an application for renewal of registration at least six months before the expiration date of the current registration. From 1 July 2009, all existing centres (whether public, private or voluntary), are deemed by law to be registered "for a period not exceeding 3 years or such shorter period as the chief inspector may determine". See section 69(2) Health Act 2007.

When you apply for registration you will be sent a **registration application form** for renewal. An inspection will be arranged. You will be asked to complete the Fit-person Entry Programme self assessment and return within eight weeks of receipt. (For more on registration see *A guide to your registration*).

The period between registration visits

Generally registered centres will be inspected every year. The frequency of inspection will be determined through analysis of the information the Health Information and Quality Authority's Social Services Inspectorate has about your centre.

You will be notified in writing in advance of an announced inspection and as part of the notification SSI 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 invite relatives and residents to meet with us during the inspection visit, if they wish
- questionnaires to be distributed by you to residents and relatives seeking their views on different aspects of day-to-day life in your centre
- a "Pre-inspection Questionnaire" for you to provide SSI with factual information and update us on any changes since the last inspection, including how you met the recommendations in the last inspection report.

The Health Information and Quality Authority's SSI may ask you to send some **supporting documentation** such as certain policies and procedures, or copies of staffing rotas. Please ensure these are returned within the timescale required.

The Social Services Inspectorate will require you to provide us with updates of changes for our database of registered centres.

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 staff's normal routine. The inspectors will need to speak to the person in charge, the residents, their relatives and some members of staff. Inspectors aim to keep disruption to the daily routine to a minimum.

At the beginning of the inspection, the lead 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 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 with this by having policies and procedures and key records readily available to them. See the section on "documents to have ready to show the inspector" at the end of this guide.

Most of the inspection visit will be spent:

- 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.

Throughout the inspection, the inspectors will make notes, sometimes on a laptop computer.

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

To assess the overall quality of the service you provide, our inspectors will ask the important question: **“What is it like to live here?”**

To do this, inspectors will examine how well you meet the requirements of the Health Act 2007, Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland under the following headings:

1. Governance and leadership: How well is your centre organised?

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continuous improvement, and having a system in place to effectively assess and manage risk.

2. Quality of service

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre, and where management, staff and residents work together towards continuous improvement.

3. Healthcare needs

Healthcare is integral to meeting individual’s needs. It requires that residents’ health, personal and social care needs are assessed and reviewed on an on-going basis within a care planning process which is person-centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

4. Premises and equipment

A good physical environment is one which enhances the quality of life for residents and is a pleasant place to live. It meets residents’ individual and collective needs in a comfortable and homely way, and is accessible, safe, clean, and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

5. Communication: information provided to residents, relatives and SSI

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice, and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

6. Staffing: the recruitment, supervision and competence of staff

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be enough staff on duty both day and night to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

The judgements we will make on these domains will be informed by the requirements of the regulations and *National Quality Standards for Residential Care Settings for Older People in Ireland*. The standards are outcome-based, which means that it is up to you as the registered provider to demonstrate to us how you are meeting those standards, and we will make a judgment on whether or not what you demonstrate is acceptable. Remember, the criteria in each of the standards indicate how the standard can be met but you may have a different way of achieving the same outcome.

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 or 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 inspectors triple-check everything to see if what is observed, what we are told and what is documented links together.

In reaching a judgement that practice in relation to complaints was good an inspector could, for example, have come to this judgement by "triangulating" the following evidence found in a centre:

Documentation:

- there is a clearly written complaints policy and procedure
- the complaints register records complaints and details how they were responded to.

Spoken:

- a resident confidently identifies what he or she would do and who he or she would talk to if he or she felt unhappy about any aspect of the service
- staff demonstrate an understanding of how the complaints procedure works
- the person in charge describes how complaints are monitored

and any learning or change in practice that results from residents complaints.

Observation:

- staff's interaction with residents is respectful
- residents interact with staff with ease and are comfortable expressing their views
- the procedures outlined in the complaints policy are reflected in practice.

12. Closing the visit

Before concluding the inspection, inspectors will hold a feedback meeting with you, the provider and your person in charge to give you an opportunity to know the outcome of the inspection..

The purpose of the meeting is for inspectors to report on their findings, highlighting both good practice and where improvements are needed. While the inspectors might need to review their findings further, you can expect that the feedback given and the information in the inspection report accords. In other words, the inspection report will hold no surprises for you.

In order to continually improve our systems and processes the Health Information and Quality Authority's Social Services Inspectorate need your feedback on how you experienced the inspection process. Before the inspectors leave the centre they will give you a "Quality Improvement Questionnaire" and SSI 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 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 will have the following sections:

- brief description of your centre
- actions you have taken since previous inspection
- findings and evidence from this inspection
- recommendations we are making
- overall assessment of your centre
- the action plan you have completed and any other comments you wish to make.

1. **Evidence of good practice** – this means that an acceptable standard has been reached and the provider demonstrates a culture of review and strives to drive forward best practice.
2. **Some improvements required** – this means that practice is generally satisfactory but there are areas that need attention.
3. **Significant improvements required** – this means that unacceptable practice was found.

14. Next steps

Depending on the findings outlined in your inspection report, there are further steps you may be required to take.

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

The inspection report will include an “action plan” which you will be required to complete setting out how you intend to address any “**areas where improvement**” or “**significant improvement**” was required, and a time-scale for doing so. The “action plan” will be appended to the published report so interested parties can see what actions will be taken, or have been taken as a result of the inspection.

Where improvements are needed, it is up to you to decide how to make those improvements, and the inspector will judge whether this is acceptable. In other words, we will tell you what is required but not how to do it.

The inspection report is published on the Authority’s website at 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?

1. Check that you and your staff are familiar with the relevant documents.

The most important documents are:

- The Health Act 2007
- The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009
- *National Quality Standards for Residential Care Settings for Older People in Ireland*

2. Make sure you have implemented any recommendations identified in your last inspection report.

Check your last report and make sure you dealt with any issues identified.

3. Check you have all the required records.

There are certain records that centres must keep by law. These are set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. Have all these ready to show the inspectors if he or she asks to see them.

4. 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 inspectors to see how well you work with residents to ensure the best outcomes.

5. 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 SSI, but you should be able to demonstrate to the inspectors that you have considered the issues residents have raised and what you have done to make improvements. You should also include information about notifiable events that have been reported to the Chief Inspector of Social Services. This will help the inspectors check with you that the information on complaints and incidents that will go in the report is accurate.

6. Make sure you have notified the Chief Inspector of Social Services of any significant changes to your provision

There are certain changes and events in the relation to your centre that you must tell the Chief Inspector about. These are set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

16. Documents to have ready to show the inspector

On the day of inspection it would be helpful for you to have your policies and procedures to hand, and the following available:

- residents' records
- training plans for staff
- training records
- maintenance record/ service contracts for equipment

- complaints policy
- complaints log book
- adverse incidents policy
- incidents log
- examples of minutes of last few team meetings
- clinical governance policy
- recruitment policy
- any documents that provide evidence of audits and reviews of performance
- risk assessment policy
- residents register
- control drug register
- staff personnel files

17. Contacting the Social Services Inspectorate

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 our designated advice line where a member of the SSI staff will be more than happy to respond to, or direct your query to the most relevant person within the Inspectorate.

Contact numbers of the Health Information and Quality Authority:

Designated advice line (021) 240 9660