

On behalf of the Health Information and Quality Authority, I thank the Joint Oireachtas Committee on Health and Children for giving me the opportunity to discuss the overall work of the Authority and specifically the National Quality Standards for Residential Care Settings for Older People. I am joined today by Dr. Marion Witton, our Chief Inspector of the Social Services Inspectorate and Marty Whelan our Head of Communications and Stakeholder Engagement.

We very much welcome the opportunity to appear before you. We appreciate that you have a wide range of concerns and a very full agenda. Therefore this opportunity to engage with you on the agenda that we have been asked to address is especially welcome and valued.

As a newly established Authority coming up to one year old, we are very conscious of our responsibilities to Government and to the Oireachtas and we look forward to hearing your views and working with you over the coming years.

As Chief Executive it is my strong wish, and I know it is the clear determination of the Board of the Authority, that we engage with all concerned with our work, including the Oireachtas, in an open and constructive manner.

It is to the credit of the Oireachtas that, uniquely in the world, Ireland has established an independent Authority with the powers to set, monitor and investigate health and social care standards and services. In addition, our role is also to evaluate the effectiveness of the medications and treatments being used and to advise on the collection and sharing of information across health and social care services. We believe that the key drivers of quality are all contained within the functions of the Authority which are set out in the Health Act 2007.

The Authority has been in existence for less than a year and we believe it is already making an impact on Ireland's health and social care services.

*I would like to describe the functions, values and organisation of the Authority, outline a number of the key achievements to date and then focus more specifically on the National Quality Standards for Residential Care Settings for Older People .*

## **1 Functions and Values of the Authority**

The Authority was established on 15 May 2007 as part of the Government's Health Reform Programme. Reporting to the Minister for Health and Children, the role of the Authority is to promote safety and quality in the provision of health and personal social services for the benefit of the health and welfare of the public. This means that the Authority has responsibility for:

- setting quality and safety standards for our health and social care services, with the exception of mental health services
- monitoring and, as appropriate, enforcing these standards
- supporting providers and staff in bringing about improvements in service quality
- undertaking investigations where there is a serious risk to a person, or people, using services
- evaluating new health technologies and, more generally, promoting the better use of resources in our health and social care services
- publicly reporting on our work and providing information about health and social care for the public, users of the services, health and social care policy makers and the government.

The Social Services Inspectorate, interim Health Information and Quality Authority and the former Irish Health Services Accreditation Board were integrated into the Authority on its establishment.

The former Social Services Inspectorate, responsible for the inspection of Health Service Executive children's residential care centres, has expanded functions and powers in the establishment of the Office of the Chief Inspector for Social Services within the Authority. The former Irish Health Services Accreditation Board continues its accreditation work as part of the Healthcare Quality function within the Authority.

Since the commencement of the Authority a considerable focus was on the 'start-up' nature of the organisation. This has included:

- recruiting the Senior Management Team
- commencing a significant recruitment programme to ensure that, with the commencement of its functions, the Authority has the right people with the right skills at the right time

- establishing effective governance arrangements, operating framework and the necessary systems and processes to be effective, efficient and supportive of our staff
- maintaining the ongoing work that was in existence on establishment and planning and commencing the new functions to ensure that the Authority is evidence-based, effective and robust in discharging its functions whilst responding to a number of key public safety issues that have occurred.

In carrying out our work, it is fundamental that we are clear on what our mission is and what our core values are that will drive our behaviours and the way we do business.

The mission of the Authority is to *'drive high quality and safe care for people using our health and social services'*.

This is the compass for all of our activities. Our core values express what we believe is fundamental to how we deliver on our mission, how we do business and how we strive to work with our stakeholders, including this Committee and members of the Oireachtas. These values will drive the culture of the organisation.

Our core values are:

**Putting people first** – we will put the needs and the voices of service users, and those providing them, at the centre of all of our work.

**Fair and objective** – we will be fair and objective in our dealings with people and organisations, and undertake our work without fear or favour.

**Open and accountable** – we will share information about the nature and outcomes of our work, and accept full responsibility for our actions.

**Excellence and innovation** – we will strive for excellence in our work, and seek continuous improvement through self-evaluation and innovation.

**Working together** – we will engage with people providing and people using the services in developing all aspects of our work.

## **2 Organisational Structure of Authority**

The Authority is headquartered in Cork and we currently have offices in Cork and Dublin and will also be establishing offices in the Midlands and West of Ireland.

We have organised the Authority to reflect our main functions. Consequently, there are six Directorates that are corporately led and managed by an Executive Management Team. These are as follows:

Directorate Function overview

### **Health Technology Assessment (Dr Mairin Ryan)**

Making sure that resources in our health services are used in a way that ensures the best outcome for the patient or service user – specifically through the assessment (and supporting the assessment) of the clinical and cost effectiveness of health technologies.

### **Health Information (Professor Jane Grimson)**

Identifying and advising on health information deficiencies; establishing an information governance framework and setting standards for information systems; evaluating and providing information on the provision of health and social services.

### **Social Services Inspectorate (Dr Marion Witton)**

Inspecting and registering social care services, including residential services for older people, children and for people with a disability, children's detention centres, special care units and foster care services. Undertaking inspections into suspected serious service failures in social care as deemed necessary. Monitoring the Health Service Executive inspection of pre-schools and crèches and the independent assessment of need for people with disabilities.

### **Healthcare Quality (Jon Billings)**

Developing person-centred standards for health and social care. Designing and implementing a quality assurance programme to promote improvements in quality and safety standards in health and to monitor the standards set. Undertaking investigations into suspected serious service failure in health care as deemed necessary.

## **Corporate Services (Sean Angland)**

Ensuring that the Authority is fit for its intended purpose, through effective governance arrangements, an active recruitment programme in the start-up period, a well supported workforce, robust performance management, effective value for money in our use of resources, usable management information, suitable premises and other key support services.

## **Communications and Stakeholder Engagement (Marty Whelan)**

Ensuring that the Authority's communication systems are effective and robust, managing the Authority's communications with internal and external stakeholders and developing collaborative relationships across the health and social care systems.

### **3 Key Achievements**

Some of the key achievements for the period since establishment include the:

- undertaking and publication of a national inspection into the placement of children aged 12 and under in residential care in Ireland
- development, publication and submission to the Minister for Health and Children of the National Quality Standards for Residential Care Settings for Older People
- development of draft National Quality Standards for Residential Care Settings for People with a Disability
- undertaking of a National Hygiene Quality Review across all Health Service Executive hospitals
- initiation of two major investigations into the mis-diagnosis of patients with symptomatic breast disease, the first investigation into the care received by Rebecca O'Malley having been completed and published earlier this month
- commencement of a national quality review of symptomatic breast disease services against standards mandated in May 2007
- completion and submission of a Health Technology Assessment into the Human Papillomavirus vaccine to reduce the risk of cervical cancer
- commencement of a Health Technology Assessment into a colorectal cancer screening programme
- hosting of a large international patient safety conference in collaboration with the World Alliance for Patient Safety, part of the World Health Organisation.

#### **4 National Quality Standards for Residential Care Settings for Older People**

One of the most important tasks we have undertaken as an organisation is the development and publication of the National Quality Standards for Residential Care Settings for Older People. These crucially important standards, and supporting criteria, were developed in order to ensure that the most vulnerable of older people are protected and supported to live a quality life in a safe, caring and respectful environment. For the first time in Ireland, these standards clearly set down what is expected of a provider of services and what a resident, their family, carer or the public can expect to receive in residential care settings.

One of the great tests that we face as a society is how we care for the increasing numbers of our older people. This would be challenging in any context. But we face this challenge in a rapidly changing context of smaller families and a changing nature of life, work and of family.

Our challenge therefore is not just to care for people for longer; it is to do it much better. It is also to care for them in a context in which the traditionally assumed architecture of extended family is certainly much changed and perhaps for some is simply not there at all.

More and more people as they get older move into residential care settings, such as nursing homes. It is very important that the care they receive protects their rights, and allows them to lead as full lives as possible in a caring and respectful environment.

The former interim Health Information and Quality Authority, and subsequently the Health Information and Quality Authority, as a priority and at the request of the Minister for Health and Children, were asked to review and further develop draft standards that had been developed by the Department of Health and Children. Subsequently, the National Quality Standards for Residential Care Settings for Older People were developed and published by the Authority.

In order to ensure that the standards were meaningful and appropriate, we set up a working group to advise us and share in their development. The group included representatives of nursing home owners, older peoples' advocacy groups, people involved in the care and treatment of older people, the Department of Health and Children, and the Health Service Executive. When the working group completed a set of draft standards we published them to allow residents in residential care settings, their relatives and carers, and members of the public to share their views on the proposed standards before they were finalised. We also held meetings with current

residents in residential care settings and their relatives and carers to hear their views on the key issues relating to safety and quality in residential care settings, and to consider the extent to which those issues were addressed within the draft standards.

The working group considered the responses from the consultation and the final standards were approved by the Board of the Authority on 25 February 2008. These were then formally submitted to the Minister for Health and Children and are awaiting the development of underpinning Regulations and a Regulatory Impact Assessment.

## **The Standards**

The Standards cover what is important to residents and what they can expect from the provider. There are 32 standards in total each of which is supported by a number of criteria. The criteria set out in detail ways in which the standards can be met by the service providers.

The standards make it clear that everything about the service should contribute to the enjoyment of a good quality of life and the experience of care that is positive, person-centered, safe and respectful.

The Social Services Inspectorate within the Authority will use the standards to inspect, register and report on the quality of the service. All services, whether run by the Health Service Executive, private providers or voluntary organisations will be inspected and those that meet the standards will be registered. Only registered services will be allowed to provide residential care services to older people. The standards are grouped into seven sections which cover the:

- rights of residents
- protection of residents
- health and social care needs
- quality of life
- staffing
- care environment
- management and governance.

There are also extra criteria that apply to residential care settings that specialise in the care of people with dementia.

From the perspective of the resident, these standards mean that all people living in a residential care setting for older people can expect to experience the following:

**1 Rights:** means having accessible information, that residents are encouraged to express their views, are consulted about the organisation of their care setting. Their consent to treatment and care is sought. Their privacy and dignity is respected. Any complaint that they, their family, friends or representatives may have is listened to and acted upon.

**2 Protection:** means that residents are protected from bullying, neglect and any other forms of abuse. Their interests are protected by policies and practices that safeguard their finances.

**3 Health and Social Care Needs:** means that residents will receive assessments of their care needs prior to and during their stay as their circumstances change. Residents can participate in the decisions made about their care.

**4 Quality of Life:** means residents can exercise choice and control over their life and will be enabled to maximise their independence in accordance. Residents will benefit from policies that promote their health, rehabilitation and well being. Residents will be consulted on their health needs and they will be reviewed and met on an ongoing basis. Their family, friends and others will be able to visit and residents will be encouraged to maintain contact with them

**5 Staffing:** means that suitable staff are qualified and are checked to ensure that they are safe to work in the residential care setting. There are enough staff on duty, both day and night, to ensure that the needs of all residents are met. Staff receive on-going professional development to ensure that their skills and qualifications are up to date.

**6 The Care Environment:** means the physical environment enhances the quality of their life and the care setting is a pleasant place to live. It meets their needs in a comfortable and homely way. The premises are kept clean, hygienic and that there are systems in place to control the spread of infection.

**7 Governance and Management:** means that the person in charge is a nurse who has the professional training, expertise and experience to manage the residential care setting. The quality of care and experience of the residents is monitored and reviewed so that the service residents receive is continually developed and improved upon.



## **Dementia – Specific Residential Care Units for Older People**

Dementia-specific residential care units care exclusively for people with dementia. All the above standards already outlined apply to dementia-specific units. However, they must also meet additional criteria if they are to meet the specific needs of the people who live there and to allow them to live the fullest lives possible. These criteria cover the:

1. Diagnosis of dementia
2. Promoting the understanding of residents and family members of the nature of dementia
3. Care planning and assessment for people with dementia
4. Provision of person-centred care
5. Use of appropriate therapies and techniques
6. Facilitation of communication, staffing arrangements, practice development
7. Staff training, and the physical design, layout and configuration of dementia specific units.

## **5 Conclusion**

The Health Information and Quality Authority has now been in existence for under a year. We have begun our work and have a significant remit and mandate to deliver. The members of the Authority are committed to discharging the responsibilities that you have bestowed on us in a person-centred, robust, professional, objective and independent manner. In doing this our focus is, and always will be, on driving high quality and safe care for people using our health and social services.

We are conscious that the well being of some of the most vulnerable people in our community will depend on our capacity to set high standards, to follow through on their delivery, to work in effective partnership with all involved in the delivery of care and to be a resource of knowledge and experience for the future.

I thank you for this opportunity and look forward to working closely with you in achieving our objectives – objectives that we all have a vested interest in successfully achieving.

ENDS

22<sup>nd</sup> April 2008