

Introduction

Regulation 23 (d)¹ requires a provider to *"ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with standards set by the authority....."*.

Regulation 23(e) also requires the provider to *ensure that "the review referred to in subparagraph (d) is prepared in consultation with residents and their families"*

The standards provide a framework for the ongoing development of person-centred residential services for older people. This guidance and template has been developed to provide a framework for you to undertake and record your annual review of quality and safety of care and support in your designated centre, and make judgments about your performance against the standards.

The aim of the template is to support you to measure your performance against the national standards, and to identify areas for ongoing improvement of your service. It is not a statutory template, and as such you are not required to use it, however, you are required to produce a report of your annual review and make a copy available to residents and to the Chief Inspector (if so requested).

The template includes a series of prompts to support you to:

- assess your performance against each standard
- rate your performance
- develop a plan to address any areas for improvement
- write a final summary

¹ Health Act 2007 (Care and support of residents in designated centres for older people) Regulations 2013

About the template

The template has two sections.

- Section 1 Quality and Safety
- Section 2 Capacity and Capability

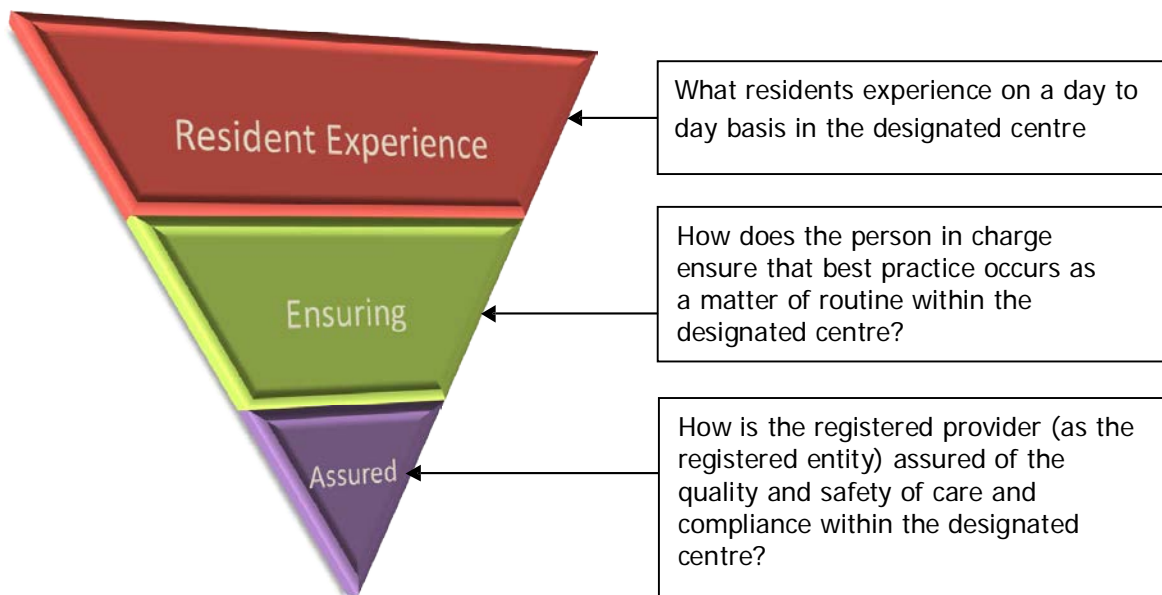
Each section is made up of four themes which are set out in full in the national standards for older people in Ireland which are available on our website, www.hiqa.ie. The standards are then written against each theme.



Figure 1: Themes in the National Standards

Assessing your performance

In considering the assessment of your designated centre against the standards, you should be guided by the principles enshrined within the following model.



For each standard, you should consider the following, including examples:

- How are you assured that there are effective systems in place to make sure residents receive good quality and safe care?
- How do you monitor and evaluate the practice in your centre?
- How are you assured that there are effective procedures in place?
- What are your accomplishments in this area this year?
- Have you identified areas you need to improve?

Appendix 1 sets out some examples of assurance methods:

- Outcomes for residents
- Effective policies and procedures
- Monitoring performance
- Effective reporting arrangements
- Outcomes of assurance methods

Rating your performance

When rating your performance you should review all of the evidence you have identified through the assurance methods you have carried out, your unannounced visits to your centre, and make a judgment about whether you are meeting the standard or not.

Developing a plan to address areas for improvement

There is an improvement plan at the end of each section. This should assist you to identify how you intend to address any areas where you have assessed that quality improvement is needed. When considering what actions to take it may be useful to consider the following:

- Improvement to be achieved.
- Actions that need to be taken
- Resources (if any) that are needed
- How the improvement is to be measured
- Timescales by which improvements will be achieved.
- Who is responsible?

Summary

You may find it useful to bring all the information to a summary at the end of the document, considering the following:

- Have standards been identified where there is a need for quality improvement?
- Have any regulations been identified as non-compliant by HIQA?
- Has the service has been provided in line with your statement of purpose?
- How are you going to use this information to support your service planning and allocation of resources?
- What is your plan to make improvements, if required?
- If you HIQA have judged that you are not compliant with any regulations what actions are you taking to achieve compliance?

In some cases the Chief Inspector may ask for a copy to be submitted to HIQA or it may be reviewed on inspection.

Annual Review Report – Template

Assessing performance against the national standards for residential services for older people in Ireland

Regulation 23(d)

About the centre

Centre name:

Centre ID:

Registered provider:

Person in charge:

Section 1

Quality and Safety

Theme 1: Person Centred Care and Support		Quality improvement required? Y/N Where yes complete improvement plan
Standard 1.1	The rights and diversity of each resident are respected and safeguarded.	
Standard 1.2	The privacy and dignity of each resident are respected.	
Standard 1.3	Each resident exercises choice and to have their needs and preferences taken in to account in the planning, design and delivery of service.	
Standard 1.4	Each resident develops and maintains personal relationships and links with the community in accordance with their wishes.	
Standard 1.5	Each resident has access to information, provided in a format appropriate to their communication needs and preferences.	
Standard 1.6	Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines.	
Standard 1.7	Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.	

Improvement Plan	Action/ Resources	Timescale

Theme 2: Effective services		Quality improvement required? Y/N Where yes complete improvement plan
Standard 2.1	Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the supports required to maximise the quality of their life, in accordance with their wishes.	
Standard 2.2	Each resident's needs in relation to hydration and nutrition are met and meals and mealtimes are an enjoyable experience	
Standard 2.3	The design and delivery of the residential service maintains and supports physical and psychological wellbeing for those who are cognitively impaired while achieving best health and social care outcomes.	
Standard 2.4	Each resident receives palliative care based on their assessed needs, which maintains and enhances their quality of life and respects their dignity.	
Standard 2.5	Each resident continues to receive care at the end of their life which respects their dignity and autonomy and meets their physical, emotional, social and spiritual needs.	
Standard 2.6	The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs.	
Standard 2.7	The design and layout of the residential service is suitable for its stated purpose. All areas in the premises meet the privacy, dignity and wellbeing of each resident.	
Standard 2.8	Each resident's access to residential services is determined on the basis of fair and transparent criteria.	

Improvement Plan	Action/ Resources	Timescale

Theme 3: Safe services		Quality improvement required? Y/N Where yes complete improvement plan
Standard 3.1	Each resident is safeguarded from abuse and neglect and their safety and welfare is promoted.	
Standard 3.2	The residential service has effective arrangements in place to manage risk and protect residents from the risk of harm.	
Standard 3.3	Infection prevention and control practices achieve the best outcomes for residents.	
Standard 3.4	Each resident is protected through the residential services policies and procedures for medicines management.	
Standard 3.5	Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint free environment in accordance with national policy.	
Standard 3.6	Each resident's personal property and finances are managed and protected.	

Improvement Plan	Action/ Resources	Timescale

Theme 4: Health and wellbeing		Quality improvement required? Y/N Where yes complete improvement plan
Standard 4.1	The health and wellbeing of each resident is promoted and they are given appropriate support to meet any identified healthcare needs.	
Standard 4.2	Each resident is offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences.	
Standard 4.3	Each resident experiences care that supports their physical, behavioural and psychological wellbeing.	

Improvement Plan	Action/ Resources	Timescale

Section 2

Capacity and Capability

Theme 5: Leadership governance and management		Quality improvement required? Y/N Where yes complete improvement plan
Standard 5.1	The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and promote their welfare.	
Standard 5.2	The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.	
Standard 5.3	The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.	
Standard 5.4	The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.	

Improvement Plan	Action/ Resources	Timescale

Theme 6: Use of resources		Quality improvement required? Y/N Where yes complete improvement plan
Standard 6.1	The use of available resources is planned and managed to provide person-centred effective and safe services and supports to residents.	

Improvement Plan	Action/ Resources	Timescale

Theme 7: Responsive workforce		Quality improvement required? Y/N Where yes complete improvement plan
Standard 7.1	Safe and effective recruitment practices are in place to recruit staff.	
Standard 7.2	Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.	
Standard 7.3	Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.	
Standard 7.4	Training is provided to staff to improve outcomes for all residents.	

Improvement Plan	Action/ Resources	Timescale

Theme 8: Use of information		Quality improvement required? Y/N Where yes complete improvement plan
Standard 8.1	Information is used to plan and deliver person-centred, safe and effective residential services and support.	
Standard 8.2	Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a resident-centred, safe and effective service.	

Improvement Plan	Action/ Resources	Timescale

Summary

Appendix 1
Examples of assurance methods

Type	Example methods
Outcomes for residents	<ul style="list-style-type: none"> • How are residents involved in the running of the service? <ul style="list-style-type: none"> ○ Resident forums ○ Involved in recruitment ○ Consulted about changes in the service ○ Involved in key decisions about their own home? • How has this informed your practice? <ul style="list-style-type: none"> ○ What evidence is there? • Identify if residents are enabled to make choices about their lives <ul style="list-style-type: none"> ○ Are residents making choices about day to day arrangements? ○ Are residents involved in making choices about how they spend their time? ○ Are residents supported to make decisions about their lives? ○ Do they consider they have a good quality of life? • Seek the views of the residents on the quality of the service: <ul style="list-style-type: none"> ○ Speak with residents ○ Use alternative communication methods where appropriate ○ Observe quality of interactions with peers and staff ○ House meetings ○ Residents forums ○ Surveys ○ Comments boxes ○ Communication with relatives and representatives, where appropriate • Observe practice <ul style="list-style-type: none"> ○ Informally spend time with the residents in their own environment ○ Observe staff practice ○ Consider formal observation tools • Review practice in relation to: <ul style="list-style-type: none"> ○ Positive behaviour support ○ Restrictive practice

Type	Example methods
	<ul style="list-style-type: none"> ○ Incidents/ accidents ○ complaints ● Review documentation <ul style="list-style-type: none"> ○ Are relevant documents accessible by residents? ○ Is key information available for residents? (for example complaints, advocacy, keeping safe) ○ Have assessments for residents been carried out within required timeframes? ○ Are records clear? ○ Where support needs are identified, is it clear how those needs will be met? ○ Where other professional input is required, has it been identified and facilitated? ● Have other professionals recommendations been implemented?
Effective policies and procedures	<ul style="list-style-type: none"> ● Confirm you have all the policies required by the regulations in place? (reg4 schedule 5) ● Carry out samples/audits to check they are effective <ul style="list-style-type: none"> ○ Do they provide clear information? ○ Does the audience understand them? ○ Are they put into practice? ○ Are there any areas where practice is not following what is set out in the policy or procedure? For example, staff are not clear how to record information when a complaint is made to them. ○ Do any need to be reviewed/updated?
Monitoring performance	<ul style="list-style-type: none"> ● Carry out unannounced visits <ul style="list-style-type: none"> ○ Speak with residents and relatives ○ Use alternative communication methods where appropriate ○ Observe quality of interactions with peers and staff ○ Meet with staff ○ Observe practice of staff ○ Check staffing levels ○ Sample procedures, such as complaints and safeguarding ○ Inspect the premises (clean, tidy, free of risk) ● Ensure audits are in place to monitor performance ● Have systems in place to review results of audits, and record actions to be taken so they can be monitored ● Ensure the risk assessment mechanisms are effective <ul style="list-style-type: none"> ○ Are risks being identified?

Type	Example methods
	<ul style="list-style-type: none"> ○ Are you assured that steps are being put in place to mitigate identified risks? ○ Are all safety procedures being followed? (fire, risk management, premises, vehicle management)
Effective reporting arrangements	<ul style="list-style-type: none"> ● Are there systems for important information to be escalated through managers? ● Do you receive the information you need to be assured the service is meeting the needs of the residents, and complying with the standards and regulations? ● Is there an appropriate procedure for escalation of pertinent information? ● Is the staff team kept informed on changes for residents, practice, upcoming events, expectations for practice? ● How do managers staff request resources for areas where a need has been identified? For example specific training to meet a new residents health needs. ● Are there mechanisms for managers to meet and share information? ● Are there appropriate on call arrangements?
Outcomes of assurance methods	<ul style="list-style-type: none"> ● How are the assurance methods you are using supporting you to run an effective service? <ul style="list-style-type: none"> ○ What do you know? ○ How are you going to respond? ● How are the results impacting your business planning? ● How are your assurance methods improving the service for residents? ● How are you assured that the service is meeting the needs of the residents? ● Are you assured that you are meeting the standards and regulations? ● If you are not, what are you going to do about it? ● If you are, what are you going to do to continuously improve the service and the experience of people using it? ● How do you let residents, and their relatives know about the results of your review? ● How do you let employee's know about the findings of the review, and engage them in any improvements needed?