



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Guide to Rehabilitation and Community Inpatient Healthcare Services Monitoring Programme**

**6 September 2019**



## About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.



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## Section 1: Overview

### Introduction

Under the Health Act Section 8 (1) (c) the Health Information and Quality Authority (HIQA) has statutory responsibility for monitoring the quality and safety of healthcare among other functions.

As part of HIQA's 2019 Business Plan, HIQA is commencing a programme of monitoring in rehabilitation and community inpatient healthcare services against the *National Standards for Safer Better Healthcare*. In this guidance document these are referred to as the National Standards. This monitoring programme is designed to compliment but run separately from HIQA's existing programmes:

- monitoring against National Standards in public acute hospitals
- regulation of medical exposure of ionising radiation
- registration and regulation of designated centres in accordance with Section 41 of the Act.

The National Standards provide a framework for service providers to assess and improve the service they provide. Under the Health Act 2007, part of HIQA's role is to set such standards in relation to the quality and safety of healthcare and to monitor compliance with these Standards.

This guidance document should be applied in conjunction with the following:

- The Health Act 2007 (as amended)
- *National Standards for Safer Better Healthcare* (2012)
- *National Standards for infection prevention and control in community services* (2018).

### Programme aim

The purpose of the inspection programme is to monitor compliance against relevant standards and promote quality improvement in service provision in rehabilitation and community inpatient healthcare services.

### Scope

This inspection programme will assess rehabilitation and community inpatient healthcare services against the *National Standards for Safer Better Healthcare* (2012). The inspection programme will apply the National Standards with a focus on governance and risk management structures, to include a focus on measures to

ensure the prevention and control of healthcare-associated infections and the safe use of medicines.

### **The purpose of this guidance**

The guidance provides information to service providers on the lines of enquiry that will be explored by inspectors, and how inspectors gather evidence and make judgments on compliance when monitoring or assessing services.

This guidance document should also be used by service providers to self-assess their own service.

The guidance includes a section on what a service meeting the standard would look like and what this means for the patient. The intention of this section is that where service providers meet the requirements of the standards, they should be seeking to constantly strive for ongoing improvements in the quality of the service.

HIQA consulted with an external advisory group when devising this monitoring programme of inspection.

### **General queries in relation to this programme**

General queries or questions in relation to this programme or the information contained within this guide can be sent by email to [qualityandsafety@higa.ie](mailto:qualityandsafety@higa.ie).

Such queries will be referred to a member of the Healthcare Team involved in the programme for reply. It should be noted however that specific queries about an inspection can only be accepted from the service manager in overall charge.

## Section 2: How HIQA will inspect through this monitoring programme

The following section of this report outlines the specifics of how HIQA will conduct each inspection and progress to the publication of individual inspection reports under this programme of monitoring. Further detail of what HIQA will be assessing against the National Standards is outlined in Section 3 of this document.

### Before an unannounced inspection

HIQA will review key pieces of information relating to the way the service is organised and operated. Key pieces of information include:

- summary of findings from the previous HIQA visit
- relevant unsolicited information received by HIQA in relation to the service.

### On-site fieldwork

Inspections will be **unannounced** meaning that the service will not receive any prior notification of the date of an inspection. Inspections will generally be performed within core working hours.

At the beginning of the inspection, inspectors will introduce themselves and outline the purpose and duration of the inspection to the service provider. While inspectors have powers of entry and inspection, these will be exercised in a respectful manner and be cognisant of each patient's rights. Observation on inspection will be unobtrusive, discreet and will not negatively impact service provision.

Information will be gathered by the inspection team through:

- communicating with patients to find out their experience of the service
- speaking with management and staff to find out how they plan and deliver care and services. Interviews with management and staff will concentrate on their understanding of areas relevant to their work and care they deliver, their experience and training
- observing practice to see if it reflects what people have stated
- reviewing documents and data to determine if appropriate records are kept, reflect practice and what people have stated
- observing clinical environments and local practices.

The inspection team will use lines of enquiry to guide them in assessing and judging a service's compliance with the National Standards. Lines of enquiry guide service



providers in their preparation for inspection and support inspectors to gather evidence when monitoring or assessing a service and to make judgments on compliance. Once an inspector has gathered and reviewed evidence from a service, they will make a judgment on how the service performed. The following judgment descriptors will be used:

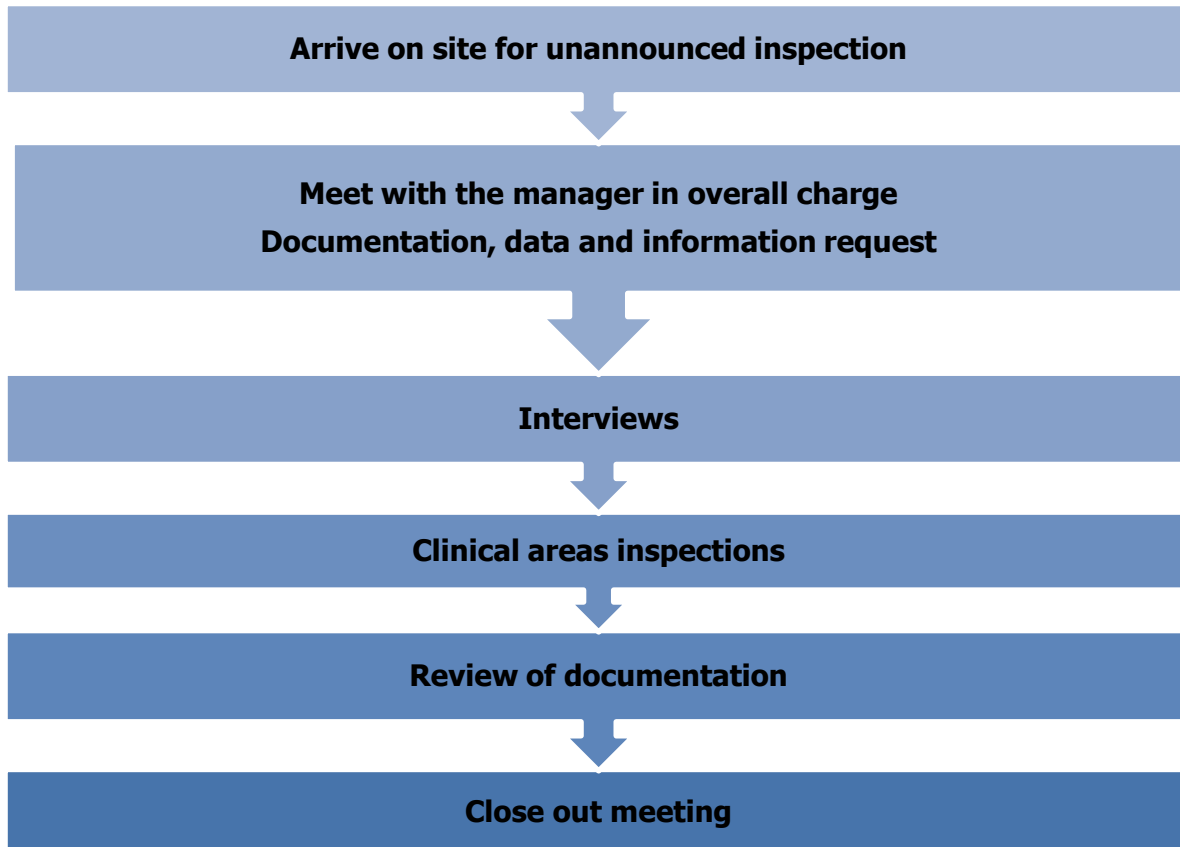
<b>Compliant</b>	<b>Substantially compliant</b>	<b>Partially compliant</b>	<b>Non-compliant</b>
<p>A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant National Standards.</p>	<p>A judgment of substantially compliant means that the service met most of the requirements of the National Standards but some action is required to be fully compliant.</p>	<p>A judgment of partially compliant means that the service met some of the requirements of the relevant national standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for patients over time if not addressed.</p>	<p>A judgment of non-compliant means that this inspection of the service has identified one or more findings which indicate that the relevant standard has not been met, and that this deficiency is such that it represents a significant risk to patients.</p>

HIQA takes a risk-based approach to monitoring. This means that regulatory activities are prioritised and organised based on the assessment of the risk that services pose.

This approach informs how frequently HIQA will inspect any individual service. It also informs the nature, intensity and the type of inspection carried out.

## The day of inspection

**Table 1. Sample one-day unannounced service inspection schedule**



On arrival at the service, the inspection team will meet with the person with overall accountability and responsibility for the service, for example, the manager in overall charge. Services will be asked to nominate a liaison person who will be responsible for engagement with HIQA during the course of the inspection.

During the inspection, inspectors will:

- Request access to a secure room for the purpose of interviews and documentation review.
- Request visitor name badges or door access cards to facilitate movement throughout the service. These should be made available to the inspection team as soon as possible following arrival onsite and will be returned at the end of the inspection.
- Ascertain if access to clinical areas are restricted, for example, for health and safety reasons.

## **Documentation, data and information request**

HIQA will request documentation, data and information on the day of inspection and will review the documentation and data provided.

## **Interviews**

The inspection team will arrange a time to meet with key personnel. Interviews will be held with:

- the manager in overall charge and or senior management team to determine service-wide governance and management arrangements.

The purpose of the interviews is to gather information about:

- how the service is led and managed
- how risks are identified and managed
- how the management team is assured that the service provided is safe and effective.

## **Clinical area inspections**

The inspection team will visit inpatient wards or units and will gather information in relation to the management of and oversight arrangements to ensure:

- safe use of medicines
- prevention and control of healthcare-associated infection.

The inspection team will use specific monitoring tools to gather information about the management and oversight arrangements. Monitoring tools are aligned to the National Standards, HSE standards and guidance, relevant legislation and recommended best practice guidance. It should be noted that these tools have been specifically designed for HIQA monitoring purposes only.

## **Close-out meeting**

When the inspection has been completed, the inspection team will conduct a close-out meeting with the manager in overall charge. The purpose of this meeting is to provide preliminary findings of the inspection and identify any high risks which require immediate action and to allow management address such risks.

## **Inspection teams**

Inspection teams comprise HIQA staff who have been appointed by HIQA as Authorised Persons under the Health Act 2007, and work within the powers described

in the Act to monitor compliance with standards. Inspectors are obliged to comply with HIQA's Code of Conduct for staff, which is available at [www.hiqa.ie](http://www.hiqa.ie)

### **Confidentiality**

In line with current data protection legislation, HIQA requests that unless specifically requested to do so, services do not send named patient information or information that could identify an individual patient to HIQA by email or by post. Hard copy documents provided to inspectors for removal from the service should not contain data that identifies individual patients.

### **Freedom of Information**

HIQA is subject to the Freedom of Information Acts and the statutory Code of Practice regarding Freedom of Information.

### **Risk management and escalation**

Risk identified by HIQA during this monitoring programme will be escalated to the manager in overall charge in line with HIQA's risk management process:

- High risks identified during a service inspection which require immediate mitigation will be brought to the attention of the manager in overall charge during the inspection. This is to allow them to immediately implement the actions necessary to mitigate such risks.
- Formal written notification of any identified risk arising during this monitoring programme will be issued to the manager in overall charge by email within two working days of identifying the risk; with the requirement to formally report back to HIQA stating how the risk has been mitigated within a further two working days.
- In the case of high risks which do not require immediate mitigation, formal notification of the identified risk will be issued to the manager in overall charge by email within two working days of identifying the risk; with the requirement to formally report back to HIQA with an action plan to reduce and effectively manage the risk within a further five working days of receiving correspondence from HIQA.

The relevant Chief Officer of each HSE community healthcare organisation (CHO) area will be copied in on each letter in line with HIQA's agreed risk escalation process with the HSE.

### **HIQA's inspection report**

An individual report will be generated for each service inspected. Inspection reports from unannounced inspections will be published on HIQA's website [www.hiqa.ie](http://www.hiqa.ie).

Each report will outline HIQA's findings including areas of good practice and any identified opportunities for improvement. The report will include risks, if any, that were identified during the monitoring process and may include correspondence between HIQA and the manager in overall charge in relation to the management of such risk. Therefore HIQA requests that the service does not include individual staff names in return correspondence.

In 2019, HIQA revised its approach to the receipt of feedback from services on reports progressing through the drafting process. Under this new and enhanced process, each inspection report goes through three main stages as they are prepared for publication.

### **Stage 1 inspection report**

A stage 1 inspection report will be issued with a feedback form, by email, to the manager in overall charge.

Preliminary findings will have been given during the close-out meeting. However, following review of the stage 1 report the manager in overall charge can return the feedback form to include any factual accuracy detail along with feedback on receipt of the stage 1 inspection report.

The service manager in overall charge is encouraged to engage with the lead inspector if deemed necessary and in advance of completion of the formal written documentation, to discuss specific concerns or queries they may have regarding the judgments in this stage 1 inspection report. This can be completed by phone and or email.

To complete the feedback process, and having engaged as necessary via telephone or email with the lead inspector if deemed necessary, the manager in overall charge should formally complete the factual accuracy and feedback form provided with the draft report, and return this to HIQA within **15 working days of receipt**.

### **Stage 2 inspection report**

On receipt of feedback from the service on a stage 1 report, HIQA will consider the feedback in the context of evidence gathered on inspection. Consequently, a stage 2 inspection report will be produced which will include any required amendments made by the inspector resulting from the feedback process. This stage 2 report will then be again issued to the service for review.

If the manager in overall charge believes that the judgment or judgments contained in the stage 2 inspection report are not based on the evidence made available to inspectors at the time of the inspection, or if they believe that the judgment(s) are

disproportionate to the evidence reviewed, they may decide to make a formal submission to HIQA to challenge a regulatory judgment or judgments contained in the stage 2 report.

Should a service manager in overall charge decide to make a submission this must be made within **10 working days of receipt of the stage 2 report**. The process for making a formal submission is detailed below. Should 10 days elapse without receipt of submission on a regulatory judgment, reports will proceed to stage 3 and publication as outlined below.

### **Stage 3 inspection report**

A stage 3 inspection report is issued to the manager in overall charge prior to publication. The stage 3 report is the version of the report that will be published and if a submission has been received the stage 3 inspection report will have taken into consideration any decisions of the Submissions Decision Panel.

The stage 3 inspection report will be sent to the manager in overall charge **five working days** before publication. A copy of the draft report will also be sent to other relevant personnel as formally agreed with the HSE and Department of Health.

### **HIQA's revised submission policy 2019**

The manager in overall charge can make a formal submission if they believe that the judgment(s) contained in the stage 2 inspection report are not based on the evidence made available to inspectors at the time of the inspection or the judgment(s) are disproportionate to the evidence reviewed.

As part of this process, the manager in overall charge may formally submit comments, evidence or descriptors of circumstances that supports their case.

A service wishing to make a submission on a regulatory judgment must first engage in the feedback process with the lead inspector as described in the section above 'Stage 1 inspection report'.

Further information on HIQA's submissions procedure and how to make a submission can be found on the HIQA website ([www.hiqa.ie](http://www.hiqa.ie)).

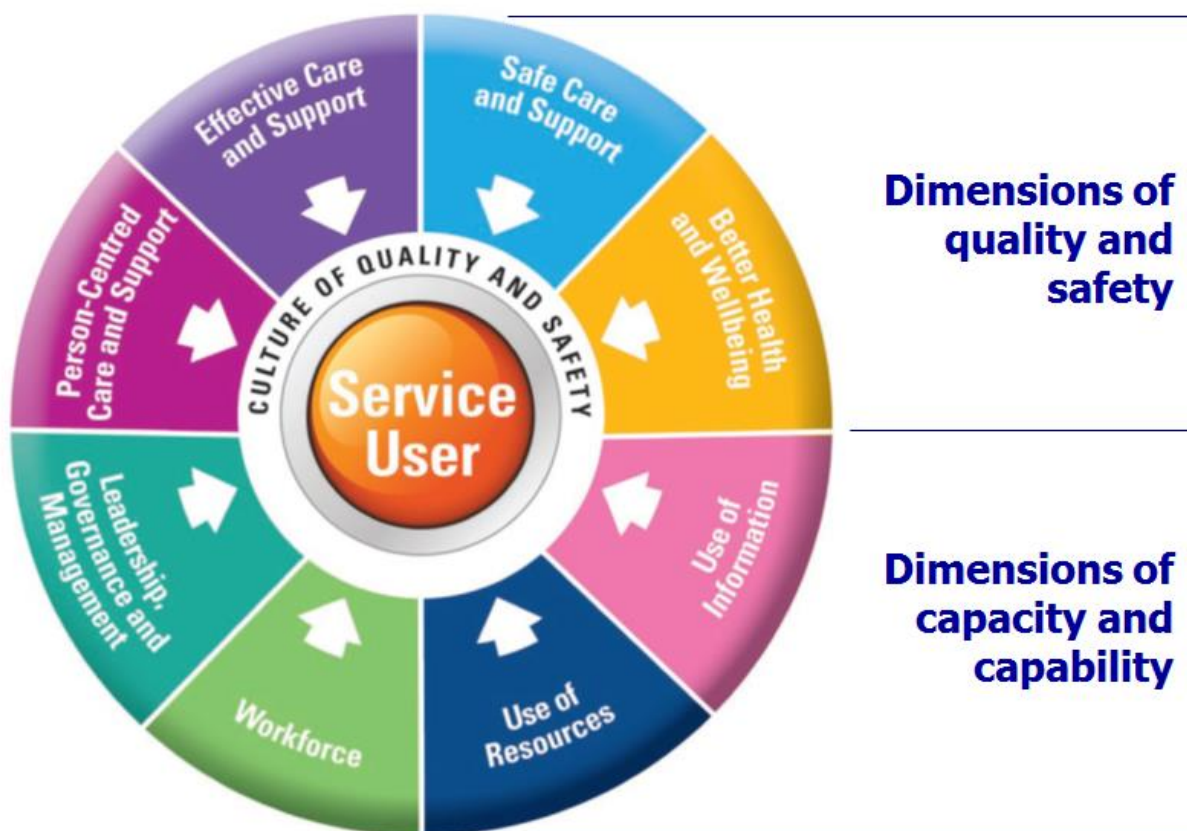
### Section 3: National Standards for Safer Better Healthcare

This section of the guidance document will outline the *National Standards for Safer Better Healthcare* as they relate to the thematic programme. Only those National Standards which are relevant to the focus of the inspection will be included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the patient.

The *National Standards for Safer Better Healthcare* are grouped into eight themes as illustrated below. Please see copy of the National Standards for Safer Better Healthcare on the HIQA website - [www.hiqa.ie](http://www.hiqa.ie)

This programme of inspections is focused primarily on the *National Standards for Safer Better Healthcare (2012)*. The National Standards are organised into two dimensions:

1. **Capacity and capability**
2. **Quality and safety**



## Capacity and capability

Delivering improvements within these quality dimensions depends on service providers having **capacity and capability** in four key areas, as follows:

- **Leadership, Governance and Management** — the arrangements put in place by a service for accountability, strategic decision-making and performance assurance, underpinned by integrated communication and reporting networks among staff.
- **Workforce** — how rehabilitation and community inpatient healthcare services ensure enough staff are available at the right time with the right skills and expertise to meet the service's needs.
- **Use of Resources** — how rehabilitation and community inpatient healthcare services manage and prioritise their resources to meet the service's needs.
- **Use of Information** — how rehabilitation and community inpatient healthcare services ensure the integration, availability and protection of all information sources necessary to provide safe and effective practices.

## Quality and safety

The focus of this section is about the day-to-day experience of the people using the service.

The four dimensions of **quality and safety** are:

- **Person-Centred Care and Support** — how rehabilitation and community inpatient healthcare services communicate with patients to ensure they are well informed, involved and supported throughout their care pathway.
- **Effective Care and Support** — how rehabilitation and community inpatient healthcare services effectively plan, organise and manage the service to achieve best possible outcomes for patients.
- **Safe Care and Support** — how rehabilitation and community inpatient healthcare services support a culture of patient safety through effective management of risks and incidents and by promoting change and improvement in practice.
- **Better Health and Wellbeing** – how rehabilitation and community inpatient healthcare services work in partnership with patients, families and visitors to promote and enable safe practices.



## **Rehabilitation and community inpatient healthcare services monitoring programme and National Standards**

Each theme under the National Standards contains a number of specific standards, and healthcare service providers are expected to work towards meeting each of these standards within the context of the type of service that they provide. Consequently, HIQA would expect that those services inspected under this monitoring programme would continue efforts to meet the standards across all headings. However, noting that this is the first time that monitoring by HIQA has occurred in each of these settings, HIQA has designed its current monitoring programme to focus on three key National Standards as follows.

This monitoring programme will assess rehabilitation and community inpatient healthcare services' **capacity and capability** through aspects of the theme:

- **Leadership, Governance and Management: Standard 5.2.** Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.

HIQA will assess rehabilitation and community inpatient healthcare services' provision under the dimensions of **quality and safety** through aspects of the themes:

- **Person-centred Care and Support: Standard 1.1.** The planning, design and delivery of services are informed by patients' identified needs and preferences.
- **Safe Care and Support: Standard 3.1.** Service providers protect patients from the risk of harm associated with the design and delivery of healthcare services.

The following section describes how inspectors will monitor compliance in relation to the dimensions, themes and standards of the National Standards.

## Capacity and capability

For the purpose of this inspection, inspectors will monitor compliance in relation to the following theme and standard statement:

<b>Theme 5: Leadership, Governance and Management</b>
<b>Standard 5.2</b> Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.
<b>What a service meeting this standard looks like</b>
<p>The functions of governance in rehabilitation and community inpatient healthcare services include (but are not limited to):</p> <ul style="list-style-type: none"><li>▪ specifying the accountability and reporting structures in the service, for instance through a scheme of delegation or organogram</li><li>▪ setting the direction of the service by developing an overall strategy and related plans that take account of national strategies and policies</li><li>▪ ensuring that information, including clinical information, is managed and used effectively for the delivery of high-quality, safe and reliable healthcare</li><li>▪ ensuring the workforce is planned, configured and managed to provide high-quality, safe and reliable healthcare</li><li>▪ managing and mitigating risks</li><li>▪ monitoring and managing the performance of the service to ensure the achievement of the service's objectives.</li></ul>
<b>What this means for the patient</b>
<ul style="list-style-type: none"><li>▪ a clearly defined management structure that identifies the lines of authority and accountability, specifies roles and details responsibilities for all areas of care provision</li><li>▪ where there is more than one identified person participating in the management of the service, the operational governance arrangements are clearly defined. Decisions are communicated, implemented and evaluated</li><li>▪ management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</li></ul>

## Assessment Judgment Framework

### Theme 5: Leadership, Governance and Management

#### Standard 5.2

Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.

#### Lines of enquiry

- Integrated corporate and clinical governance arrangements, which clearly define roles, accountability and responsibilities throughout the service for assuring quality and safety, are in place.
- Governance arrangements that ensure the primary focus of the services on quality and safety outcomes for service users. These arrangements include regular review of information relating to quality and safety outcomes for service users.
- Governance arrangements that ensure the collective interests of service users are taken into consideration when decisions are made about the planning, design and delivery of services.

#### Source of evidence

##### Through observation

Inspectors may observe:

- if the organisational structure as shown in the organogram is reflected in practice, and if staff are familiar with management in the service
- if there is evidence of learning and if necessary improvements are brought about as a result of the findings of any reviews
- if there is evidence that feedback from patients, relatives, staff and others has been used to inform service provision.

##### Through communication

Inspectors will communicate with management to:

- determine that there is a person in charge (a senior decision-maker) at all times
- determine the out-of-hours medical cover arrangements
- identify the lines of accountability (internal and external)

- admission criteria or pre-admission assessment
- clarify how often formal management meetings occur, the membership, attendees and nature of such meetings.

Inspectors may communicate with patients to:

- explore if their views are sought by management in relation to the service.

Inspectors may communicate with staff to:

- establish if there is effective communication within the service
- explore if feedback is delivered and how this is done
- determine if there is a quality improvement culture to drive improvement and explore staff understanding of risk management and their individual roles and responsibilities therein (for example incident reporting, shared learning, key performance indicators [KPIs], feedback to staff)
- staff can raise issues and make suggestions.

### **Through a review of documents**

Inspectors may review documents such as:

- incident reports and or trends, adverse events
- compliments and complaints management policy
- patient satisfaction surveys
- governance organogram
- meeting minutes, for example, management meetings, quality and safety meetings
- audits: quality improvement initiatives
- risk register: inclusive of identified risks with time-bound assigned actions
- policies, procedures, guidelines (PPGs), for example:
  - transfer of care and discharge of a patient
  - admission policy.

## Quality and safety

For the purpose of this inspection, inspectors will monitor compliance in relation to the following theme and standard statement:

### Theme 1: Person-Centred Care and Support

#### Standard 1.1

The planning, design and delivery of services are informed by patients' identified needs and preferences.

#### What a service meeting this standard looks like

- At all times, service users are informed of the name of the healthcare professional responsible for their care.
- The transfer of a service user's care within and between services can be made more person-centred with the use of an agreed standardised patient transfer form that contains all the relevant clinical and personal information.
- When transferring a service user's care between the acute and rehabilitation and community inpatient healthcare services, providers ensure that the service user's transfer documentation not only includes their treatment and discharge plan, but also includes information arising from discussions with the service user and their family about issues important to the service user, such as dietary and personal needs.
- Service-user satisfaction surveys ask questions that are important to service users and are relevant to improving the quality of care provided to them.

#### What this means for the patient

- The transfer of a patient's care within and between services can be made more person-centred with the use of an agreed standardised patient transfer form that contains the relevant clinical and personal information.
- When transferring a patient's care between care settings, providers ensure that the patient's transfer not only includes their treatment and discharge plan, but also includes information about issues important to the patient such as medication, dietary and personal needs.
- The patient's views are listened to, and every effort to meet their needs is made within available resources.
- There is regular evaluation of services provided taking into account patients views and opinions.

## Assessment Judgment Framework

### Theme 1: Person-Centred Care and Support

#### Standard 1.1

The planning, design and delivery of services are informed by patients' identified needs and preferences.

#### Lines of enquiry

- Coordination of care within and between services takes account of service users' needs and preferences.
- Feedback from service users being used to continuously improve the experience for all service users. Regular evaluation of services to assess how well they are meeting the identified needs and preferences of service users.
- Regular evaluation of services to assess how well they are meeting the identified needs and preferences of service users.

#### Source of evidence

##### Through observation

Inspectors may observe:

- staff engagement with patients
- the admission, discharge or transfer of a patient (if appropriate on the day).

##### Through communication

Discussion with patients:

- the patient's admission or discharge or transfer plan
- satisfaction surveys.

##### Through a review of documents

- patient satisfaction surveys
- patient information leaflets
- admission, discharge, transfer policy
- patient transfer form.

## Quality and safety

For the purpose of this inspection, inspectors will monitor compliance in relation to the following theme and standard statement:

### Theme 3: Safe Care and Support

#### Standard 3.1

Service providers protect patients from the risk of harm associated with the design and delivery of healthcare services.

#### What a service meeting this standard looks like

- Service providers have processes in place to ensure that risk of harm to service users is assessed and prioritised to determine the most appropriate level of response to, and the management of risk
- Management of risk involves: identifying and planning the necessary action to be taken to eliminate or minimise the risk; assigning responsibility to an individual or team to carry out the required action; and determining the time frame within which the action must be completed
- Service providers have a risk management policy which describes the service's risk assessment and associated risk management process which is proportionate to the size and complexity of the service. Service providers use tools to identify, manage and monitor risks to service users, such tools may include a risk matrix and a risk register
- Service providers evaluate the actions undertaken to ascertain if the action taken was effective in minimising the risk to service users and use the findings from such evaluations to inform their ongoing risk management processes.

#### What this means for the patient

- The service provider supports a culture of patient safety through effective management of risks and incidents and by promoting change and improvement in practice.

<b>Assessment Judgment Framework</b>	
<b>Theme 3: Safe Care and Support</b>	
<b>Standard 3.1</b> Service providers protect patients from the risk of harm associated with the design and delivery of healthcare services	
<b>Lines of enquiry</b>	<ul style="list-style-type: none"> <li>▪ Pro-active monitoring, analysis and response to information relevant to the provision of safe services. This information includes:             <ul style="list-style-type: none"> <li>- patient-safety incidents and other incidents involving service users and staff</li> <li>- complaints, concerns and compliments</li> <li>- findings from risk assessments</li> <li>- audits</li> <li>- satisfaction surveys.</li> </ul> </li> <li>▪ Pro-active identification, evaluation and management of immediate and potential risks to service users and taking necessary action to eliminate or minimise these risks. The action taken is evaluated and reported through relevant governance structures.</li> <li>▪ Pro-active identification, evaluation and management of risks associated with changes to the design or delivery of services.</li> <li>▪ Systematic identification of aspects of the delivery of care associated with possible increased risk of harm to service users and structured arrangements to minimise these risks. These include but are not limited to:             <ul style="list-style-type: none"> <li>- prevention and control of healthcare-associated infections</li> <li>- safe use of medicines</li> <li>- transfers of care within and between service providers.</li> </ul> </li> </ul>
<b>Source of evidence</b>	
<p><b>Through observation</b> Inspectors may observe:</p> <ul style="list-style-type: none"> <li>▪ how risks are managed</li> <li>▪ patients’ risk assessments and associated plans are implemented by staff</li> <li>▪ if equipment is suitable for its purpose and appropriately stored</li> <li>▪ if the environment is clean and well maintained</li> </ul>	



- if shared learning from a review of incidents has informed practice.

### **Through communication**

Inspectors may communicate with management to explore:

- if management has identified current risks to the service and or patients
- have management put time-bound action plans in place to mitigate identified risks
- how management escalate risk (internally and externally).

Inspectors may communicate with patients to explore:

- how patients are involved in their admission assessments.

Inspectors may communicate with staff and discuss:

- risk identification, escalation (to whom)
- incident reporting.

### **Through a review of documents**

Inspectors may review documents such as:

- risk register
- risk assessments
- incident reporting or trends or reviews
- risk management policy
- incident management policy
- minutes of local meetings where risk is a standing agenda item
- minutes of quality and patient safety meetings
- audit reports.

### **Assessment of Standard 3.1**

The inspection team will use specific monitoring tools to monitor compliance in relation to the local management and oversight of the following aspects of care:

- safe use of medicines
- prevention and control of healthcare-associated infections.

#### **Safe use of medicines**

##### **What a service meeting this standard looks like**

- Safe use of medicines is governed by professional guidance that informs the policy on safe use of medicines. The safe use of medicines policy includes information on the ordering, receipt, prescribing, storing and administration of medications; handling and disposal of unused or out-of-date medicines; and the management of controlled drugs.
- There are safeguards to ensure robust procedures relating to medications are in place on transfer of people within the services and between acute and rehabilitation and community inpatient healthcare services.
- Staff are trained in safe use of medicines, including use of equipment in medication administration when applicable. There is a current drug reference available to staff in line with professional guidelines. A system for medication reconciliation is in place to mitigate errors, is continually updated and forms part of staff medication training. There is a culture of openness and transparency, which encourages reporting of medication errors, near-misses and adverse drug events. Safe use of medicines is audited regularly, and this includes auditing practices such as medication administration, storage and disposal.

##### **What this means for the patient**

- there are processes in place for the safe use of medication, including controlled drugs, which are safe and in accordance with current professional guidelines and legislation
- there are appropriate procedures for the handling and disposal of unused and out-of-date medications, including controlled drugs
- safe use of medicines practices are reviewed and monitored regularly
- expert advice provided by pharmacists is followed.

## Assessment Judgment Framework

### Source of evidence

#### Through observation

Inspectors may observe:

- if medications are securely stored and disposed of in accordance with professional guidelines and associated regulations
- if there are dedicated medication fridges used for the safe storage of relevant medication, and appropriately monitored (temperature control).

#### Through communication

Inspectors may communicate with staff:

- to determine if there are systems in place for medication reconciliation
- to determine if information to support the safe use of medicines, which is formally approved for use in the hospital — for example, the British National Formulary (BNF) is readily available to staff in the clinical environment
- to determine if staff understand how to report a medication incident or near miss
- to determine if learning from incident reporting is tracked and trended and learning shared with staff
- to explore if medication audits form part of ongoing safe use of medicines review and determine if audit feedback is given to staff.

#### Through a review of documents

Inspectors may review documents such as:

- risk management policy, local risk register, risk assessments with assigned time bound actions, risk escalation
- safe use of medicines audits
- trended medication incidents and near miss reports
- intravenous drug administration guidance if relevant
- safe use of medicines policies, procedures and guidelines
- staff training records: safe use of medicines and or anaphylaxis where applicable.

## **Prevention and control of healthcare-associated infection**

Effective infection prevention and control procedures can protect patients from infections, including the increasing threat from healthcare-associated infection (HCAI), and reduce patient service admissions, morbidity and mortality.

Continuous quality improvement is strived for through effective management and regular performance monitoring and evaluation of services. Continuous quality improvement involves creating a person-centred approach to the prevention and control of HCAs, promoting a multidisciplinary team-based approach and providing an impetus for the attainment of evidence-based best practice in the prevention and control of infections, including HCAs.

This inspection programme will build on the standard statements of the current *National Standards for infection prevention and control in community services*.

### **What a service meeting this standard looks like**

Depending on the size and complexity of the service and following implementation of the aforementioned standards, service providers can strive towards a quality service by adapting and applying the following:

- effective governance, responsibility and oversight of infection prevention and control management
- an effective communication strategy for dissemination of information, service-specific infection prevention and control programmes
- ongoing training and education in infection prevention and control
- an infection prevention and control committee is in place or is a standing item on a relevant local management meeting.

### **What this means for the patient**

- the physical environment and equipment are clean and well maintained
- there are effective structures that outline clear lines of accountability, responsibility and leadership for the implementation of the infection prevention and control measures
- required infection prevention and control policies, procedures and guidelines are in place and are adhered to by staff
- compliance with infection and control programme is regularly audited and monitored
- an infection prevention and control committee is in place or is a standing item on a relevant local management meeting
- there is effective management of clinical and hazardous waste; linen and laundry; equipment and medical devices and environmental cleaning
- there is access to expert infection prevention and control advice when necessary
- proactive outbreak management plans are in place
- there are education and training programmes that include mandatory hand hygiene training on induction for all staff, job and role specific training necessary to prevent HCAs and two-yearly hand hygiene training
- there is a vaccination programme for staff and patients, including seasonal influenza vaccination
- there is effective communication, including communication between services in relation to patients who are colonised and or infected with a communicable transmissible organism and or infection
- educational material is available for patients, relatives and staff in relation to the prevention and management of healthcare-associated infections.

## Assessment Judgment Framework

### Source of evidence

#### Through observation

Inspectors may observe:

- environmental and equipment hygiene
- hand hygiene facilities and products
- advisory signage for infection prevention and control
- waste and laundry management
- educational material available for patients, relatives and staff.

#### Through communication

Inspectors may communicate with staff to:

- explore their responsibilities relevant to their role relating to infection prevention and control in the service
- determine if staff are knowledgeable regarding standard and transmission-based precautions
- determine if all staff have training appropriate to their role.

#### Through a review of documents

Inspectors may review documents such as:

- environmental and equipment audit reports and cleaning schedules
- minutes of relevant meetings
- risk management policy, local risk register, risk assessments undertaken with assigned time-bound actions, risk escalation
- outbreak reports
- the date of the hospital's most recent legionella risk assessment
- aspergillosis controls during building work if applicable.

Policies, procedures and guidelines, for example:

- standard and transmission-based precautions
- outbreak management plan

Staff training records for:

- infection prevention and control including standard and transmission-based precautions.



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