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High-level Review  
of the HIQA  
Inspection Process  
for Residential Care  
Settings for Older  
People

July 2010

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Prospectus Strategy  
Consultants

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## 1. Background & Context

This report details the findings of a high-level review of the inspection process for residential care settings for older people as managed by the Health Information & Quality Authority (HIQA). The report was commissioned by Nursing Homes Ireland and completed by Prospectus Strategy Consultants. Nursing Homes Ireland is the representative organisation for the private and voluntary nursing homes sector.

The inspection process has been in operation since July 1<sup>st</sup> 2009. At that point in time HIQA assumed legal responsibility for the registration and inspection of all residential care services for older people in the public, private and voluntary sectors. The inspection process forms part of a comprehensive regulatory framework that involves setting national standards that are based on legislation and regulations. The framework provides the basis for practice in relation to registration, compliance and enforcement. Nursing Homes Ireland supports the framework and recognises the contribution made by HIQA over the course of the previous 12 months in raising the quality of service provided by nursing home providers across Ireland.

This review used a number of approaches to identify the strengths and weaknesses of the existing inspection process. A total of 29 recommendations were developed by Prospectus based on the findings of this review to support the continuous improvement of the inspection process.

## 2. Review Scope & Methodology

Prospectus used a 4-step approach to complete this review. This involved:

### Step 1: Collation of Review Inputs

- The review of a random sample (40) of HIQA inspection reports
- The use of a questionnaire to collate feedback from nursing home providers

### Step 2: Consultation and Analysis of Findings

- A focus group to obtain the views of nursing home providers / staff regarding the inspection process
- Consultation with external stakeholders and service providers
- Analysis and synthesis of inputs / feedback received

### Step 3: Development of Recommendations

- The use of all inputs from Steps 1 and 2 above to inform the development of recommendations to further improve the existing inspection process

### Step 4: Completion of Review Report

### **3. Review Findings**

The review findings are predominantly based on responses received to the questionnaire. A total of 133 responses were received. The focus group was utilised to probe issues highlighted within the questionnaire and to stress test preliminary recommendations.

The following represents the key findings of this review process:

#### **Strengths of the Existing Process and Report**

- The methodology offers a more comprehensive and balanced approach in comparison to that previously overseen by the HSE
- The methodology has also offered an increased prospect of a more consistent and objective approach to assess compliance
- The process encourages providers to examine routinely their day-to-day service delivered and forces one to constantly identify areas for potential improvement
- An effort has been made by HIQA to recognise good practice within the nursing home sector
- The HIQA inspection process has contributed to the raising of standards and is far more resident-focussed than previous inspection frameworks.

#### **The Inspection Methodology**

The process used by HIQA inspectors to measure compliance (a mix of observation, conversation and documentation) is generally accepted as an appropriate means by nursing home providers and staff. However, the level of objectivity applied by inspectors is of concern for a proportion of respondents. This concern largely stems from the belief that the standards and regulations lack the necessary level of specificity, thus requiring the inspector to make judgement calls that are open to a high level of subjectivity in certain instances.

The three classifications used by HIQA to return compliance feedback (Evidence of Good Practice, Some Improvements Required, Significant Improvements Required) are also generally accepted as a suitable means to support the completion of an inspection report. However, further clarity is required in terms of the distinction between “some” and “significant” improvement as respondents felt that inconsistency exists in regard to the use of these classifications.

#### **HIQA Inspectors**

Respondents to the questionnaire were extremely satisfied that inspectors are undertaking their duties according to the published Code of Practice. The rate of satisfaction in terms of the level of competency shown by inspectors is also positive, albeit to a lesser degree. Respondents highlighted that in their experience a significant variation exists between HIQA inspectors in terms of experience and competency. The majority are extremely competent and professional. This is the standard that is required across the entire HIQA inspection team, and has not been achieved as of yet in the view of nursing home providers and staff.

### **Inspection Timescales**

Timelines exist for the completion of key deliverables on the side of the provider, however this is not always so in relation to many of the responsibilities of HIQA. Respondents wish to request the establishment of precise timelines for (a) the return of draft inspection reports and (b) the publication of inspection reports. In addition, a further key deadline that should be formalised is that involving the period of time HIQA requires to finalise a registration decision.

### **Feedback and Engagement**

The two-way communication process between provider and inspector should be improved further to ensure that nursing home staff have sufficient opportunity to discuss the initial findings of the inspection and to ensure that where feedback is provided by nursing home staff/providers that this is given due consideration. Although the majority of respondents are satisfied that their experience to date has been agreeable and acceptable, the proportion of respondents dissatisfied is an area of concern. Given the size of this proportion it requires close consideration by HIQA going forward.

### **National Standards & Regulations**

A key finding from this review is the high proportion of respondents that are not satisfied that the regulations and national standards are being interpreted and applied consistently across Ireland. Approximately two out of every three respondents are not satisfied with regard to this issue.

### **Other**

The administrative requirements associated with registration and inspection processes are in need of immediate review in the view of respondents. The primary source of discontent in relation to this derives from the volume of paperwork and level of duplication.

Respondents value the contribution that the Action Plan and the Fit-person Entry Programme have made to support nursing home providers improve the quality of service delivered. However, support in completing specific components of the Action Plan would be beneficial in the view of respondents. In addition, clarity is required in terms of the requirement for multi-site providers to complete the Fit-person Entry Programme.

## **4. Supporting Continuous Improvement**

The feedback received from consultation with nursing home providers / staff has been utilised to identify all key issues and concerns, from the perspective of the service provider, in terms of the existing inspection process as managed by HIQA. In developing the process improvement recommendations, Prospectus has considered practice from other comparative jurisdictions and held preliminary discussions with HIQA to balance inputs for consideration. A total of 29 recommendations have been developed:

<b>(a) General</b>	
1	A timescale for the review of the Health Act 2007, the National Quality Standards and the 2009 Regulations should be agreed, ideally to be completed within 18 months of July 2010
2	The use of phrases such as “appropriate” and “sufficiently”, as included within HIQA documentation and inspection reports, should be avoided. This type of descriptor should be replaced with more prescriptive and detailed terminology.
3	<p>The use and remit of the Regional Provider Panel should be kept under continuous review for a period of 12 months to ensure appropriate application and consolidation of its position.</p> <ul style="list-style-type: none"> <li>- It should have a consistent terms of reference agreed for all three regions</li> <li>- Members should be appointed for a minimum duration of 24 months</li> <li>- Members should be replaced on a phased basis to provide continuity (e.g. a maximum of up to one third of all members should be replaced on an annual basis)</li> </ul>
4	HIQA should publish documentation detailing the internal quality assurance processes endorsed and applied within the organisation to uphold best practice in terms of the completion of inspection reports
5	<p>All processes associated with the inspection methodology that involve third party expertise should be reviewed by HIQA with the objective to agree and implement a consistent approach with each third party when determining compliance. Consideration of the processes associated with the following areas should be prioritised:</p> <ul style="list-style-type: none"> <li>- Fire Safety</li> <li>- Environment Health</li> <li>- Food Safety</li> <li>- Pharmacy</li> </ul> <p>Please note that the above list has identified the initial priority areas and is not exhaustive. Processes involving all third party experts should be reviewed.</p>
6	Clarity should be provided by HIQA on the requirement to complete the Fit-person Entry Programme for registered providers of more than one designated centre
7	<p>Options to develop a mechanism to provide an external component to the quality assurance approach within HIQA should be considered. The mechanism should include consideration of the following:</p> <ul style="list-style-type: none"> <li>- Consistent application of national standards and regulations</li> <li>- A means to facilitate an independent appeals process</li> <li>- The completion of external quality audits</li> </ul>
8	<p>A framework outlining the decision-making processes utilised by inspectors to identify evidence of good practice / areas for some / significant improvement should be developed and made widely available by HIQA</p> <ul style="list-style-type: none"> <li>- The objective of this framework should be to standardise the decision-making processes used by inspectors</li> </ul>
9	<p>HIQA should publish comprehensive additional guidance for use by nursing home providers to (a) assist with achieving compliance as per the existing inspection process and (b) assist providers to continually improve their service.</p> <ul style="list-style-type: none"> <li>- International approaches should be reviewed and considered to inform available options</li> <li>- This should use brief case studies highlighting how compliance is achieved across</li> </ul>

	<p>different scenarios and standards</p> <ul style="list-style-type: none"> <li>- It should also serve to highlight target outcomes for services to achieve on a phased basis</li> </ul>
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<b>(b) Timelines</b>	
10	For a scheduled inspection to be considered/labelled as “announced”, it should have a minimum notification period of one week
11	A maximum timeline of three months from the date of application should be met by HIQA to issue registration <i>notices of decision</i>
12	Operators / providers should have a minimum of 10 working days to review draft reports and complete feedback for consideration by HIQA
13	<p>Timeline ranges (minimum to maximum) for each of the following should be formalised, widely publicised and implemented</p> <ul style="list-style-type: none"> <li>- Between inspection and follow-up inspection (where necessary)</li> <li>- Between completion of the inspection and circulation of draft one of the inspection report to the operator / provider</li> <li>- Between the completion of the final report and publication on <a href="http://www.hiqa.ie">www.hiqa.ie</a></li> </ul>

<b>(c) Inspection Report</b>	
14	The section detailing residents’ and relatives’ comments within the inspection report template should be removed
15	<p>A new conclusion section should be included within the report to:</p> <ul style="list-style-type: none"> <li>- Detail an overall summary of key findings in respect to areas of non-compliance, concentrating predominantly but not exclusively on areas identified for significant improvement</li> <li>- Highlight areas of good practice (where identified) with an emphasis on (a) finalising the inspection report on a positive note where possible and (b) fostering a culture of continuous improvement within the nursing home</li> </ul>
16	<p>In the case whereby HIQA apply any amendments to the sections of the inspection report completed by the provider, such amendments should be highlighted to the provider without exception. This is of particular relevance to:</p> <ul style="list-style-type: none"> <li>- Actions outlined within the action plan template</li> <li>- The provider’s response section</li> </ul>
17	Inspection reports should not be published on <a href="http://www.hiqa.ie">www.hiqa.ie</a> until the provider has waived his/her right to appeal (see recommendation 23 below)

<b>(d) Inspection Process</b>	
18	To ensure continuity between inspections, the lead inspector allocated to any follow-up inspection should have fulfilled the role of lead inspector at the previous inspection

19	<p>A formalised process should be developed and introduced to enable a provider to request a new inspector from the HIQA case management system</p> <ul style="list-style-type: none"> <li>- HIQA should develop criteria and parameters to guide such requests</li> </ul>
20	<p>The process to assign restrictions on resident types should be reviewed, formalised and communicated to all nursing home providers</p> <ul style="list-style-type: none"> <li>- Specific guidance should be issued by HIQA as regards the basis for the development of proposals outlining restrictions / conditions</li> <li>- Timelines relevant to the decision-making process should be standardised</li> </ul>
21	<p>HIQA should publish the following internal business process on <a href="http://www.hiqa.ie">www.hiqa.ie</a> in order to foster an increased level of transparency for the benefit of providers:</p> <ul style="list-style-type: none"> <li>- The pathway for a scheduled inspection from the perspective of a provider</li> <li>- Internal quality assurance processes to support the above</li> </ul> <p>All pathways should have timelines outlined for the completion of key deliverables.</p>
22	<p>On commencement of any inspection, the inspector should outline the inspection type to the provider. It should not be permitted to combine or merge inspection types under any circumstances (e.g. an inspection commenced on foot of a concern becoming a scheduled inspection)</p>
23	<p>The present situation whereby a provider has the opportunity to submit a response to the content of an inspection report outlining areas of disagreement with HIQA, should be replaced by a formal appeal process</p> <ul style="list-style-type: none"> <li>- The provider should have a period of 10 working days to prepare an appeal following receipt of the finalised report</li> <li>- The appeal should outline concisely and comprehensively all key areas of disagreement</li> <li>- The external quality assurance mechanism (see recommendation 7) should be charged with playing a key role in the design of this appeal process</li> </ul>

<b>(e) Registration Process</b>	
24	<p>HIQA should publish the following internal business processes on <a href="http://www.hiqa.ie">www.hiqa.ie</a> in order to foster an increased level of transparency for the benefit of providers</p> <ul style="list-style-type: none"> <li>- The registration pathway from the perspective of a provider</li> <li>- Internal quality assurance processes to support the above</li> </ul> <p>All pathways should have timelines outlined for the completion of key deliverables.</p>
25	<p>HIQA should commence an awareness building campaign to update the knowledge of existing and prospective service providers regarding the overall registration process</p>
26	<p>In relation to <i>notices of decision</i>, consideration should be given to allow a provider to waive the right to an appeal, and therefore not wait until the 28-day timeframe has lapsed before progressing to the next stage of the registration process</p>

<b>(f) Inspection Team</b>	
27	<p>The existing training and development programme utilised for the inspection team should be reviewed with a focus on incorporating specific modules to support the further development of the following skills:</p> <ul style="list-style-type: none"> <li>- Interview techniques to maximise output from staff, residents and their relatives</li> <li>- Concise writing techniques</li> </ul>

<b>(g) Administration / Documentation Management</b>	
28	<p>A Working Group should be established by HIQA to determine areas of administrative duplication and to provide solutions to streamline existing requirements</p> <ul style="list-style-type: none"> <li>- Membership of the Working Group should include a limited number of nursing home providers / operators and representatives from NHI</li> </ul>
29	<p>Where HIQA requests and/or makes copies of files pertaining to a nursing home and/or residents within, the following should apply:</p> <ul style="list-style-type: none"> <li>- HIQA should be deemed the sole owner of that particular copy</li> <li>- All copies should be labelled/stamped property of HIQA</li> <li>- All copies should be managed according to all relevant provisions of the Data Protection Act</li> </ul>

## 5. Conclusion

The overall objective of the inspection process for residential care settings for older people is to ensure that all residents receive an appropriate standard and quality of care at all times. Nursing Homes Ireland acknowledges the contribution of the HIQA inspection process within year one of its operation and will continue to support HIQA to further improve the process for the ultimate benefit of residents.

Prospectus wish to extend a sincere level of gratitude to all those who contributed to this review process.

## 1. Background & Context

This report documents the findings of a high-level review completed by Prospectus Strategy Consultants on behalf of Nursing Homes Ireland (NHI) to independently assess the strengths and weaknesses associated with the current inspection process managed and delivered by the Health Information and Quality Authority (HIQA) regarding residential centres for older people (nursing homes). Nursing Homes Ireland is the representative organisation for the private and voluntary nursing homes sector.

This high-level review included a questionnaire and focus group for nursing home providers/staff, one-to-one discussions with providers and an analysis of a sample of inspection reports completed by HIQA since July 1<sup>st</sup> 2009. Prospectus has developed a number of recommendations, informed by findings from the above inputs and considering practice from other comparable jurisdictions, for how the existing inspection process may be improved in order to support the overall goals of the regulatory framework.

### 1.1 Background

On July 1<sup>st</sup> 2009, the Health Information and Quality Authority (HIQA) assumed legal responsibility for the registration and inspection of residential care services for older people in the public, private and voluntary sectors in Ireland. This inspection process forms part of a comprehensive regulatory framework that involves setting national standards that are based on legislation and regulations. All standards, legislation and regulations are designed to support one another to assure high quality service delivery on a consistent basis. In addition to the inspection of services, the framework further involves practices in terms of registration, compliance and enforcement.

HIQA complete each inspection on the basis of the relevant legislation<sup>1</sup> and the national quality standards<sup>2</sup>. The Health Act 2007 is further supported by regulations<sup>3</sup> to shape components of the regulatory framework. The purpose of the inspection process is to gather evidence on which to make judgements regarding the fitness of the provider and other relevant management personnel to deliver a safe and quality service and to report on findings.

The Health Act 2007 introduced a significant change to how residential care settings for older people are inspected and registered. The Act requires that all designated centres must be inspected and registered regardless of whether the centre is operated by the Health Service Executive (HSE), private providers or voluntary organisations. A key objective of this approach is to ensure equity of treatment across all nursing homes and to deliver consistent standards of service regardless of provider type. This is a most welcome development as heretofore only private and voluntary nursing homes were inspected by the HSE.

HIQA are charged with three key responsibilities in this area:

- ensure that nursing homes are complying with the requirements and conditions of their registration
- ensure that nursing homes have systems in place to safeguard the welfare of service users
- provide information and evidence of both good practice and areas identified for improvement

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<sup>1</sup> Health Act 2007 & the Regulations there under

<sup>2</sup> Health Information and Quality Authority (2009) National Quality Standards for Residential Care Settings for Older People in Ireland

<sup>3</sup> Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 / Health Act 2007 (Registration of Designated Centres) Regulations 2009

Nursing homes in Ireland are now inspected by HIQA against the National Quality Standards for Residential Care Settings for Older People in Ireland, and regulated under the Health Act 2007. The standards were developed by HIQA in consultation with a wide variety of stakeholders including NHI. They place the resident at the centre of the process. The standards work on the basis that the centre is the person's home.

Services are only allowed to operate if they are registered by HIQA and are then inspected to ensure they maintain a high level of care.

Since July 1<sup>st</sup> 2009, HIQA has commenced inspecting residential services on an ongoing basis and will re-register each centre every three years. The inspections are a mixture of both announced and unannounced visits. Inspections can take place at any time of the day and on any day of the week.

The registration and inspection process is completely independent and reports are published after every inspection. An inspection report is compiled from a wide range of evidence including observation, interviewing residents, relatives and staff and reviewing relevant documentation. An overall assessment on the safety and quality of care provided to residents is given. Reports are available on the HIQA website ([www.hiqa.ie](http://www.hiqa.ie)). They are used to provide information to the residents themselves, their families and the general public about the standards of care in individual centres.

The regulatory framework is generally seen by all stakeholders as a most positive step forward in ensuring high quality services are delivered on a consistent basis across Ireland. The framework is supported by Nursing Homes Ireland.

## 1.2 Inspection Process

An inspection is completed before first registration and constitutes a key component of the registration process. Inspections are always carried out prior to the renewal of a registration certificate. In addition, inspections are undertaken in the period between registration renewals. These inspections may be announced or unannounced and the frequency of such will depend on the nature and level of compliance achieved.

In summary, there are three different types of inspection as follows:

### 1. Registration-related inspections

Every centre receives an inspection visit as part of the registration and re-registration process. Providers are required to re-register every three years under current legislation. All designated centres must undergo this process without exception. This includes circumstances whereby a new owner has applied for first-time registration and where there is a change of ownership.

### 2. Scheduled inspections

Regular scheduled inspections take place during the three-year registration cycle. Inspections may be announced or unannounced. The frequency of scheduled inspections is largely influenced by the registered provider's level of compliance and any relevant information HIQA receives regarding the centre.

### 3. Additional / other inspections

A number of other inspection types are commonly completed by HIQA. These include follow-up inspections to check on the implementation of action plans, triggered inspections as a result of a concern, random spot-checks and specific inspections as a result of changes in circumstances (e.g. a new person in charge)

In assessing the overall quality of the service provided, inspectors examine how well the requirements of the regulations and national standards are being met under the following domains.

- Governance and leadership
- Quality of service
- Healthcare needs
- Premises and equipment
- Communication
- Staffing

A typical scheduled inspection takes approximately 1.5 – 2 days in order to complete. HIQA has recruited inspection teams within each of the three HIQA regions of the country (North, Central, and South) to undertake the day-to-day requirements of the inspection process. Most inspections completed to date have involved a lead inspector being accompanied by a support inspector.

All inspectors report directly to a line manager who in turn reports to one of three Regional Managers depending on their geographic location. Each of the three Regional Managers reports to the Chief Inspector of Social Services at HIQA via a Deputy Manager.

### 1.3 Inspection Report

Each inspection report summarises the findings of the inspection according to each of the above inspection areas. The report aims to detail areas of good practice and areas where improvements are required. Three different classifications are used to report on inspection findings.

#### 1. Evidence of good practice

This section of the report is used to detail areas where good practice is identified. This can include examples of satisfactory and exceptional practice and/or where the provider demonstrated a culture of review and improvement in order to drive best practice

#### 2. Some improvements required

This is utilised by the inspector to highlight areas where practice was broadly satisfactory but where some issues for attention were noted

#### 3. Significant improvements required

The third and final category is used to detail areas where unacceptable practice was found during the inspection

The report also identifies minor issues for consideration by the provider where the quality of a service could be further enhanced. The beginning of the report includes comments received from residents within the centre and their relatives regarding their experience of the standard of care delivered and their level of satisfaction with the service provided.

The final element of the inspection report is the Action Plan. This details the requirements of the provider in order to achieve compliance as per the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Quality Standards. For each requirement identified by HIQA, the provider must suggest a satisfactory action as a means to achieve compliance. Each action must be assigned a timescale for completion.

## 2. Review Scope & Methodology

This section outlines the scope of this review process and the methodology utilised by Prospectus.

### 2.1 Review Scope

The fundamental objective of this review was to consult with service providers and staff on their experience of the inspection process in order to highlight the strengths and weaknesses of the process as it is currently defined and executed.

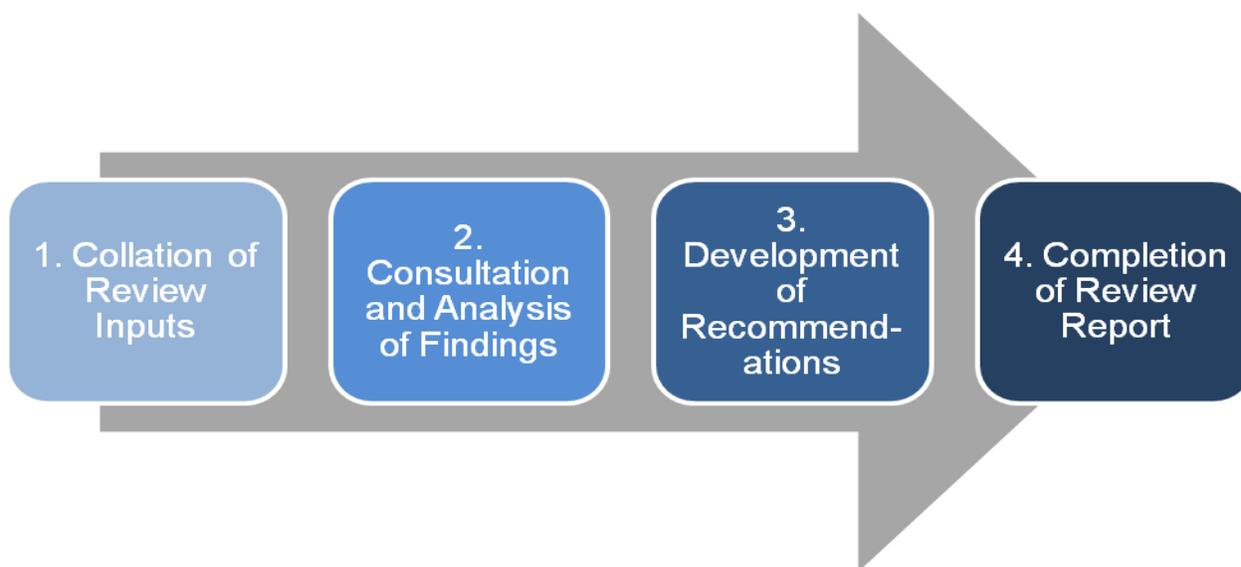
Nursing Homes Ireland invited all nursing home providers from the private, public and voluntary sector to contribute to this review process. The invite was declined by the Health Service Executive on the basis that it was felt that a one-year operational window did not offer sufficient time to review the HIQA inspection process.

Nursing Homes Ireland recognises that the inspection process is in its first year of operation and that this period has been subject to a bedding-in phase. It is likely that this bedding-in phase has had some unintended impact on a proportion of inspections completed to date and that over time all unintended impacts will be minimised.

Nursing Homes Ireland wish to utilise this report to highlight areas where unintended features and/or consequences of the inspection process have emerged. It is the objective of Nursing Homes Ireland to support the overall improvement of the inspection process. Nursing Homes Ireland is committed to working with HIQA for the ultimate benefit of nursing home residents across Ireland.

### 2.2 Review Methodology

The process adopted by Prospectus to complete this review involved four distinct phases as follows.



## 1. Collation of Review Inputs

Step 1 involved the following key tasks:

- **Review of a random sample of HIQA inspection reports**  
Prospectus randomly selected a total of 40 inspection reports and reviewed the content to gain an appreciation of the typical style and content of a HIQA inspection report. A further key requirement of this task was for Prospectus to review reports, in light of general feedback received through the consultation exercises outlined below, and identify examples to support the development of process improvement recommendations. A number of selection principles were used in order to ensure an appropriately diverse mix of reports were reviewed. The mix achieved was based on ensuring diversity from a geographic perspective, size/scale of nursing home and inspection type.
- **Design and management of a questionnaire**  
A questionnaire was designed by Prospectus for completion by all nursing home providers / staff as a means to return feedback in relation to their direct and indirect experience of the inspection process. The questionnaire was open for a period of three weeks, was wholly anonymous and was available for completion either online or through the completion of a paper-based copy. A mix of open and closed questions was included.

## 2. Consultation and Analysis of Findings

Step 2 included the completion of:

- **Focus Group of Nursing Home providers / staff**  
Prospectus invited representatives from approximately 20 nursing homes from across Ireland to attend a 2-hour focus group. The discussion revolved around a number of central themes and was used to source direct feedback from service providers regarding the inspection process. Preliminary recommendations were also tested and debated at a high level.
- **Consultation with external stakeholders**  
Representatives within HIQA and the HSE were identified for consultation purposes at the outset of this review process by Prospectus. HIQA were consulted with in order to attain a view on key points raised by providers/staff.
- **Consultation with service providers**  
Prospectus spoke directly on a one-to-one basis with nursing home providers where (a) specific concerns were held or (b) where suggested improvements had been considered as a means to advance the inspection process. Prospectus used these inputs to achieve a thorough understanding and appreciation of the key issues.
- **Analysis of inputs / feedback received**  
A detailed analysis of the questionnaire findings was completed to develop a profile of the varying experiences of service providers with regard to the inspection process. This included an analysis by HIQA region to ascertain if specific themes became more relevant on a geographic basis. Inputs from the focus group and other forms of consultation, as outlined above, were utilised to create a comprehensive description of the inspection experience to date.

### **3. Development of Recommendations**

Using inputs from Steps 1 and 2, Prospectus developed a series of recommendations to improve the existing inspection process. Preliminary recommendations were tested in order to ensure that those developed represented the most effective means to further improve the existing process.

### **4. Completion of Review Report**

The fourth and final step involved the completion of a concise end report detailing all key findings from this review process and outlining recommendations for suggested implementation.

### 3. Review Findings

A number of different approaches were utilised to secure the views of nursing home operators and staff in relation to their experience of the inspection process to date and their views on how they would like to see the inspection process being refined. The consultation approach was predominantly driven by a questionnaire (online and postal) due to the ease of access it presented to a wide range of stakeholders. The questionnaire operated over a three week period (May 10<sup>th</sup> – May 28<sup>th</sup>) and largely focussed on capturing the views of nursing home proprietors and staff, although no limitations in this respect were imposed. A total of 133 responses were received. This represents approximately 33% of all private / voluntary nursing homes in Ireland.

The following data relates specifically to the results of the questionnaire. Where relevant, inputs from the focus group are also incorporated as a means to elaborate on a particular point and/or provide additional context to a particular area or issue.

All feedback received has been analysed by Prospectus and is summarised using the following themes for the purposes of this report:

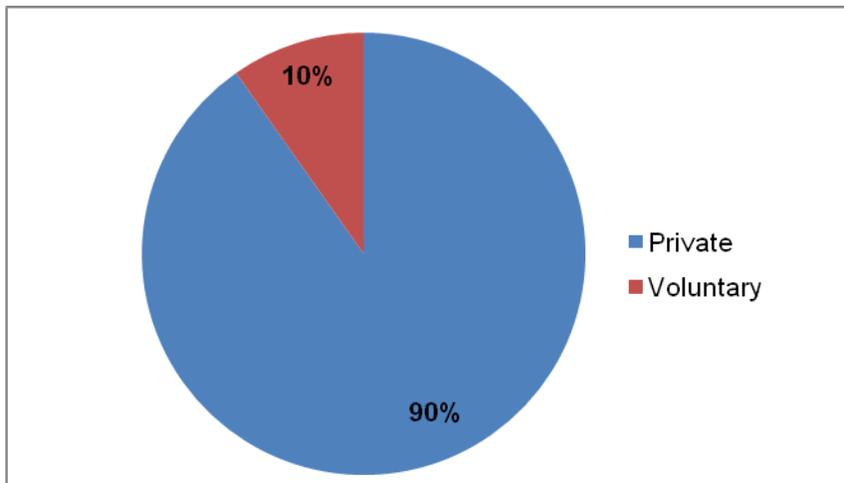
- (a) Profile of Questionnaire Respondents
- (b) Strengths of the Existing Process & Report
- (c) HIQA Inspection Methodology
- (d) HIQA Inspectors
- (e) Inspection Timescales
- (f) Feedback & Engagement
- (g) Other
- (h) Conclusion
- (i) Suggested Areas for Improvement / Refinement

**3.1 Profile of Questionnaire Respondents**

All responses were recorded on an anonymous basis but did include a number of profile questions as outlined below.

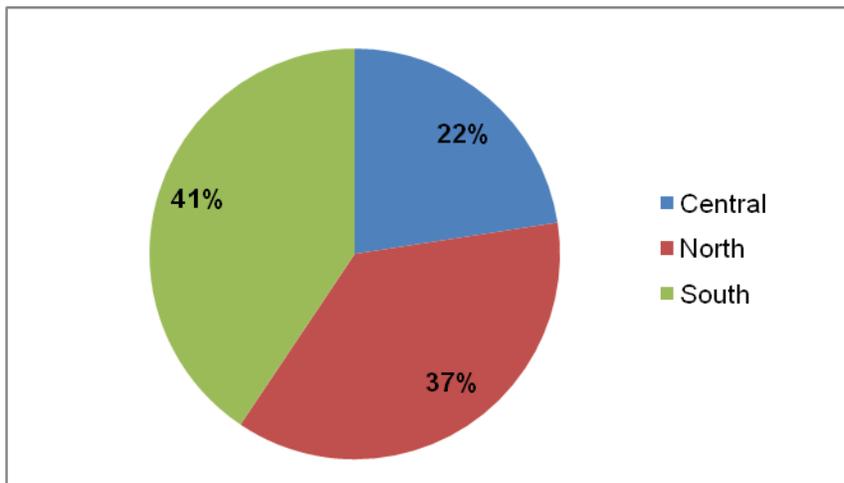
**Profile of Respondents:**

Figure 1.1 - Type of Nursing Home



This questionnaire was available for completion by all nursing homes in the Republic of Ireland. The HSE was invited to participate but declined on the basis that it was felt that a one-year operation window did not offer sufficient time to review the HIQA inspection process.

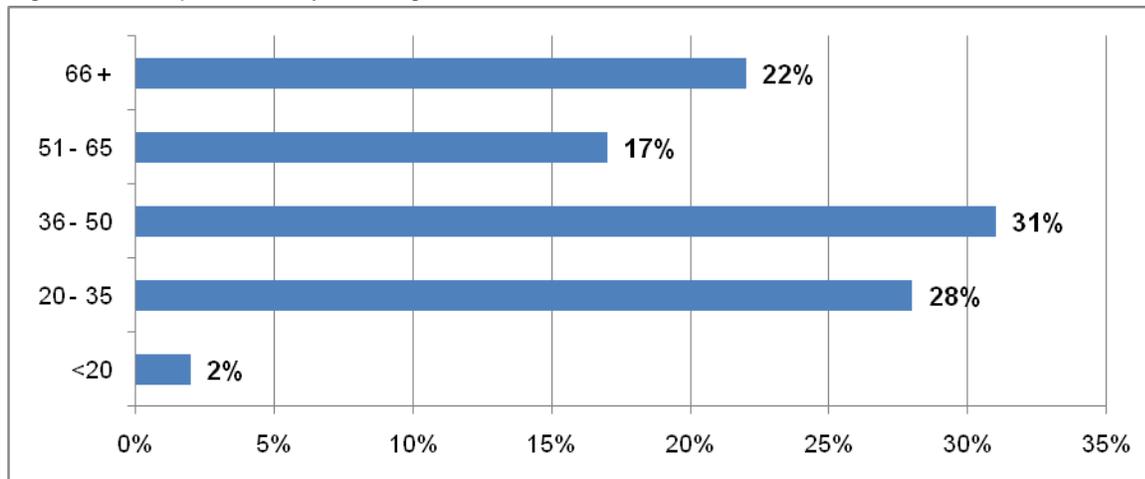
Figure 1.2 - Location of Nursing Home – HIQA Region



Ireland is divided into three regions for the purposes of the management and administration of the HIQA inspection process. Please refer to Appendix 2 for a map of the regional boundaries. The majority of respondents to this questionnaire were located in the South HIQA Region. Responses were received from nursing homes located in 23 of the 26 counties in the Republic of Ireland.

The following graph provides a breakdown of respondents by the number of beds within each nursing home. 39% of responses related to nursing homes with 50+ beds.

Figure 1.3 Respondents by Nursing Home Bed Number



#### Other Profile Indicators:

The following profile indicators offer further background to the questionnaire respondents.

- 50% of respondents had completed a registration inspection, 47% a scheduled inspection, 17% a follow-up inspection and 12% had been subjected to an inspection on foot of a concern
- 77% of respondents related to standalone nursing homes with the remaining 23% being part of a nursing home group
- 42% of respondents had been subject to an unannounced inspection

### 3.2 Strengths of the Existing Process & Report

The following feedback was provided by respondents (to the questionnaire and focus group) when asked to identify areas where the existing process and report is serving nursing home providers and staff well:

- An effort has been made by HIQA to recognise good practice within the nursing home sector
- The opportunity to return feedback to HIQA through the providers response section of the report is a welcome addition
- The existing methodology offers a more comprehensive and balanced approach in comparison to that previously overseen by the HSE
- The existing methodology has also offered an increased prospect of a more consistent and objective approach to assess compliance
- The HIQA inspection process has contributed to the raising of standards and is far more resident-focussed than previous attempts
- The process encourages providers to examine routinely their day-to-day service delivered and forces one to constantly identify areas for potential improvement

- A format and timeframe has been provided to achieve necessary improvements through the inclusion of the Action Plan approach

In general, the dominant viewpoint from respondents is that the inspection process has provided the means to raise the quality threshold across residential care settings and the role of HIQA in this respect must be acknowledged.

### 3.3 HIQA Inspection Methodology

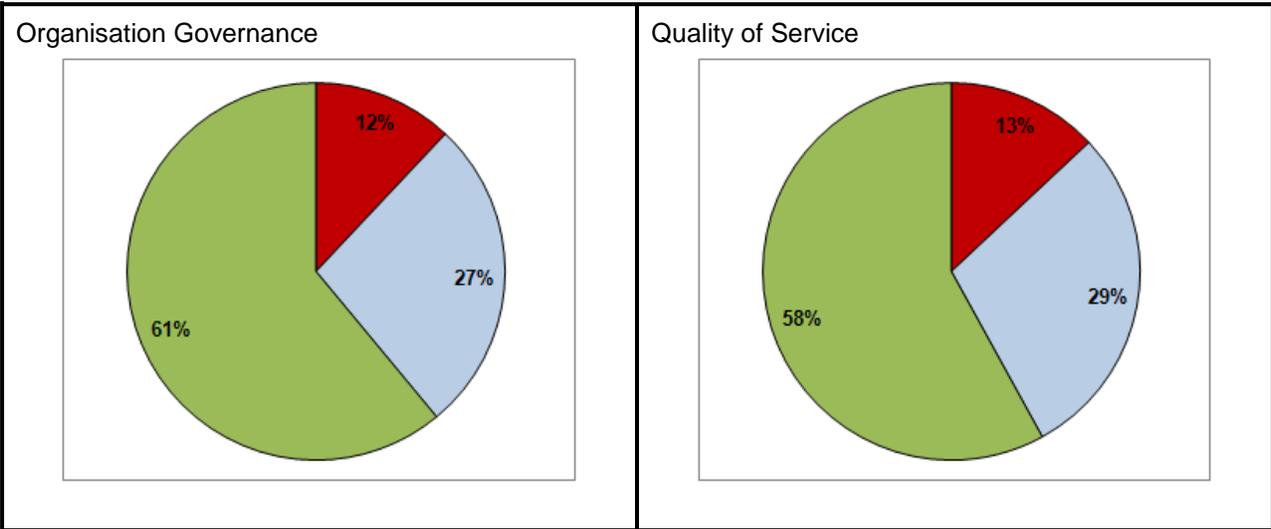
The process used by inspectors to measure compliance is a **mix of observation, conversation and documentation**. This triangulation approach is used to measure compliance in six different areas:

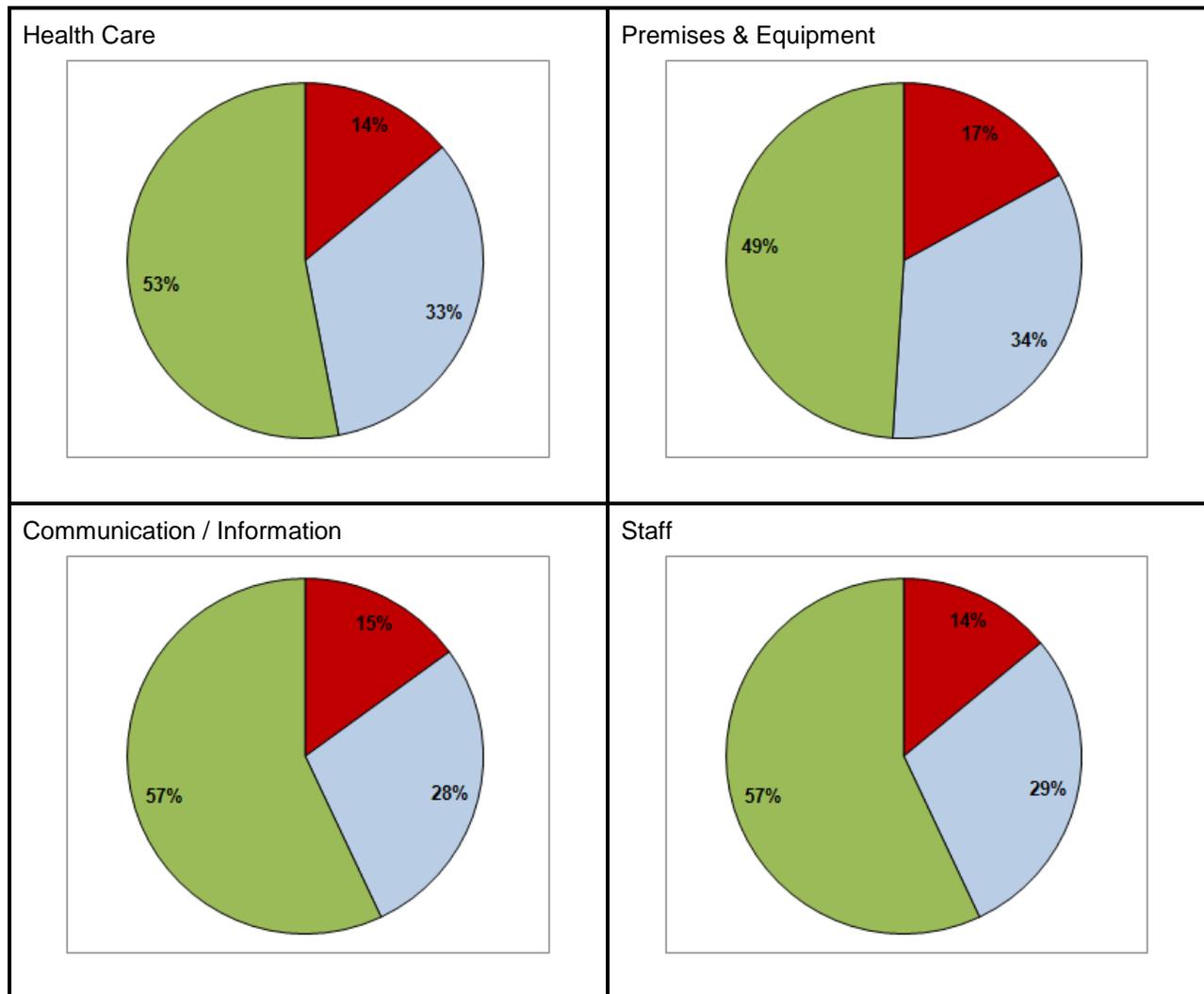
- Governance and leadership
- Quality of the service
- Healthcare needs
- Premises and equipment
- Communication
- Staff

Respondents to the questionnaire were asked to rate their level of satisfaction regarding the application of the above triangulation, or cross examination, approach.

Question 1: The process used by inspectors to measure compliance is a mix of observation, conversation and documentation. Are you satisfied that the process employed is suitable when assessing the following six areas:

<b>Satisfied</b>	
<b>Not Satisfied</b>	
<b>Neither</b>	

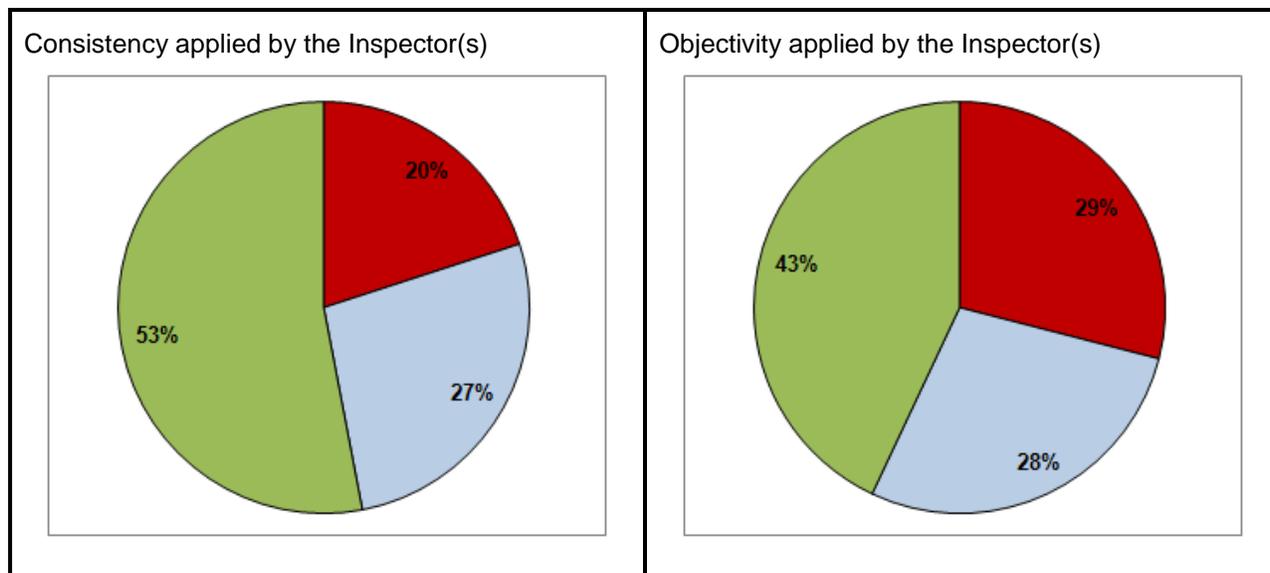




In excess of 50% of respondents reported that they are satisfied with the approach for all but one of the six different inspection areas, *premises and equipment* being the exception. 17% of respondents stated that they are currently not satisfied that the triangulation approach is working for this component of the inspection.

Using the same scale (Satisfied, Not Satisfied, Neither) respondents were asked to declare their level of approval in terms of (a) the level of objectivity applied by the inspector(s) when measuring compliance across each of the six areas (as outlined above) and (b) the level of consistency applied by the inspector(s) when measuring compliance in the six areas.

Question 2: Are you satisfied with the level of (a) consistency and (b) objectivity applied by the inspector(s) during the inspection process



29% of respondents reported a level of dissatisfaction in relation to the level of **objectivity** applied by inspectors when assessing compliance in the areas of governance, quality, healthcare needs, premises, communication and staff. In the majority of cases, this discontent was based on the belief that the regulations and standards lack the necessary level of specificity and place an onus on the inspector to make subjective calls on areas under inspection.

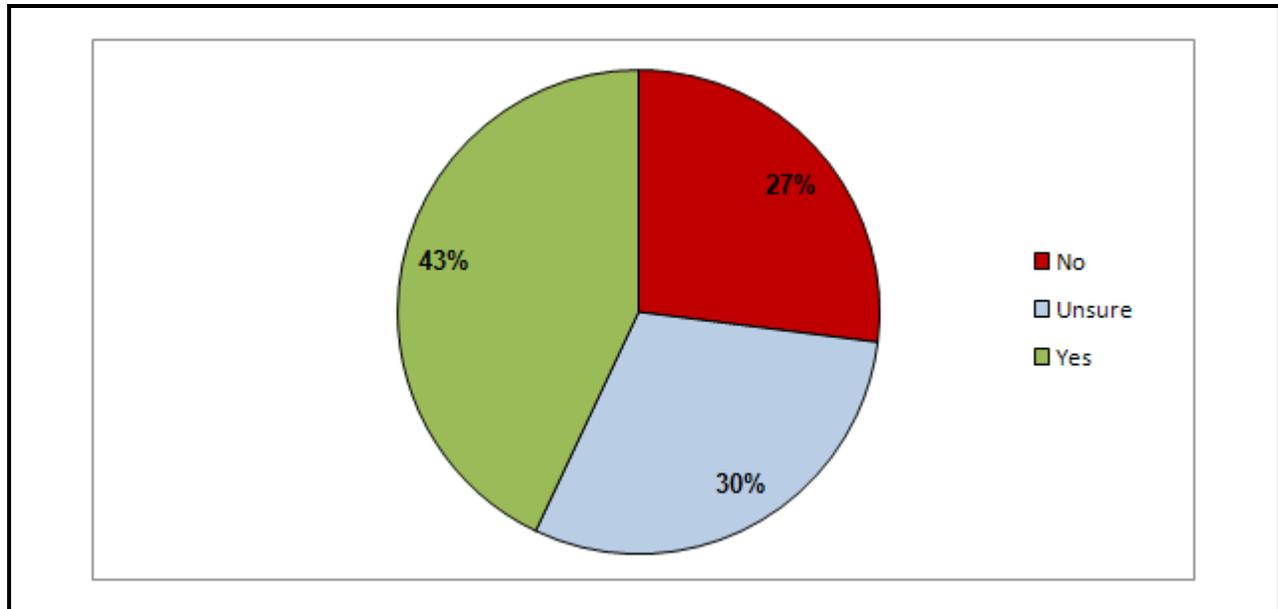
Higher levels of satisfaction were recorded in terms of the **consistency** applied by inspector(s) with 53% of all respondents stating that they are satisfied with the current situation. The predominant viewpoint is that inspectors assess each of the six areas in a consistent manner.

Three classifications are currently used to provide compliance feedback to nursing home providers / staff as follows:

- Evidence of Good Practice
- Some Improvements Required
- Significant Improvements Required

Respondents were requested to decide whether they feel the three classifications are appropriate and useful. The results below highlight that, in general, approval levels are relatively positive with 43% of respondents satisfied that the existing approach is appropriate and useful.

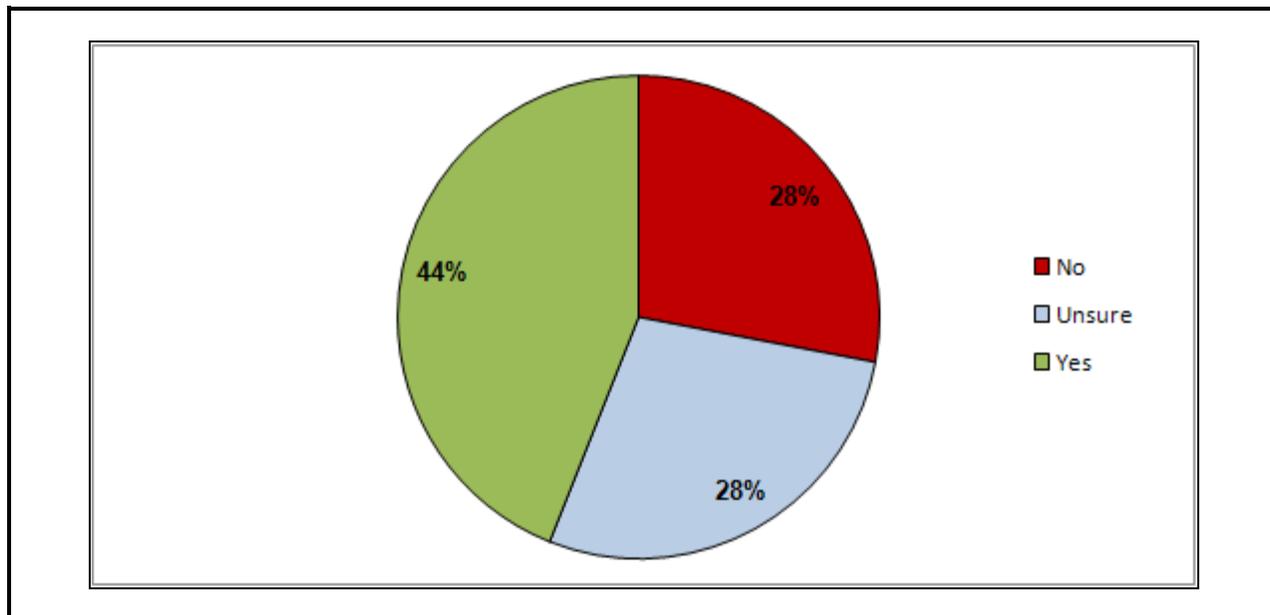
Question 3: Are the three classifications used to provide compliance feedback appropriate and useful



An area of concern stems from apparent inconsistencies highlighted by respondents between “some” and “significant” improvements required. On comparing reports from across the country, a high proportion of the respondents dissatisfied with this classification approach, felt that inspectors are not consistent when categorising whether an issue identified sits within “some” or “significant” improvements required.

Nursing home providers / staff were further queried regarding their level of satisfaction in terms of the provision of a balance of feedback across the three classifications (1. Evidence of Good Practice, 2. Some Improvements Required, 3. Significant Improvements Required). See Question 4 below. The results suggest that in general the majority of respondents are satisfied but that improvements are also necessary. 28% of respondents were not satisfied with the existing balance provided. The most common criticism of the existing process is that the section detailing evidence of good practice often suffers from a lack of attention and detail. Nursing home providers in particular place a large degree of importance on this section as a means to motivate staff and maintain the engagement of staff with the overall inspection process. The importance of positive feedback as a motivating tool should not be underestimated according to respondents.

Question 4: Are you satisfied that the inspector(s) provided an appropriate balance of feedback across the three classifications (Evidence of Good Practice, Some Improvements Required, Significant Improvements Required)



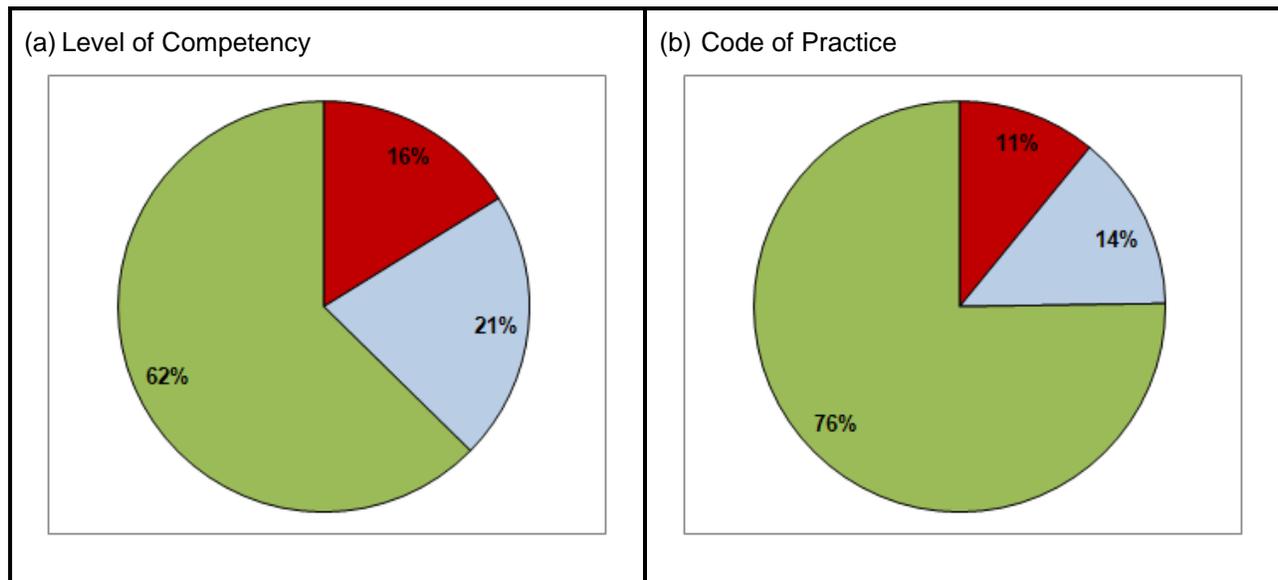
**3.4 HIQA Inspectors**

Respondents were asked if they are satisfied with the level of competency shown by inspector(s) at the time of inspection. 62% of respondents were pleased with the level of competency shown with 16% however reporting a level of dissatisfaction.

In addition, respondents were asked to consider their level of satisfaction of whether inspectors performed their duties according to the terms of the agreed Code of Practice. In excess of three out of every four respondents were satisfied that duties were performed as expected.

Question 5: Are you satisfied (a) with the level of competency shown by each inspector and (b) that the inspector(s) undertook their duties according to the agreed Code of Practice

<b>Satisfied</b>	
<b>Not Satisfied</b>	
<b>Neither</b>	



A recurring theme from the feedback received highlights a significant variation in terms of experience and competency amongst the HIQA inspection team members. In many cases inspectors were found to be extremely competent. Others however alluded to being on a “learning curve” and showed a lack of awareness, in the eyes of nursing home providers and staff, with regard to the challenges being faced by those in the nursing home sector. A large proportion of those unsatisfied with the inspector(s) expressed criticism of the manner in which members of the inspection team undertook their duties. Respondents stated high levels of dissatisfaction with inspectors due to their particular inspection style (e.g. when interviewing staff, residents and family members). For example, respondents were particularly critical of the style of questioning adopted by inspectors when interviewing residents and their family members. In many cases, respondents felt that the inspector placed an unbalanced focus in attempting to discover flaws and limitations of the service. Respondents reported that their residents commented that they had at times felt under pressure to highlight weaknesses of the nursing home however trivial.

Further feedback provided by respondents suggests that a key concern of nursing home providers at present is that the methodology, as it is currently constructed, does not promote sufficient levels of objectivity. This stems from a lack of specificity within the standards and regulations. In many examples received, respondents describe their experience of one whereby the inspection process commences with the provider being required to disprove potential areas of concern from the onset.

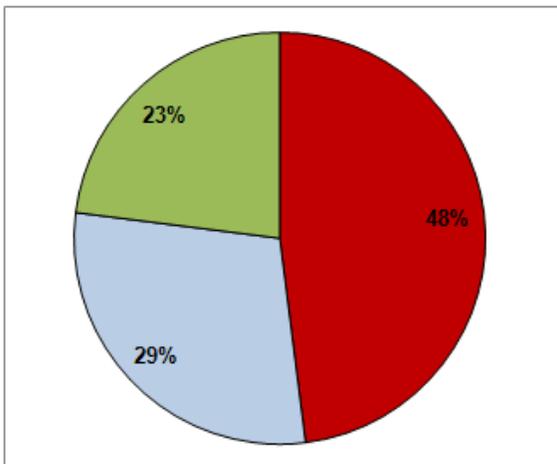
### 3.5 Inspection Timescales

A number of different timescales between inspection milestones were considered by respondents. All respondents were requested to state whether or not they felt the existing timescales are appropriate based on their experience and/or knowledge of the realities of the inspection process in Ireland to date. The highest level of dissatisfaction was recorded in relation to the timeline between registration and notification. This was closely followed by the timelines between (a) inspection and circulation of draft 1 of the report and (b) between the finalisation of the report and publication on [www.hiqa.ie](http://www.hiqa.ie). The majority of respondents (42%) were satisfied that the duration of the inspection is appropriate.

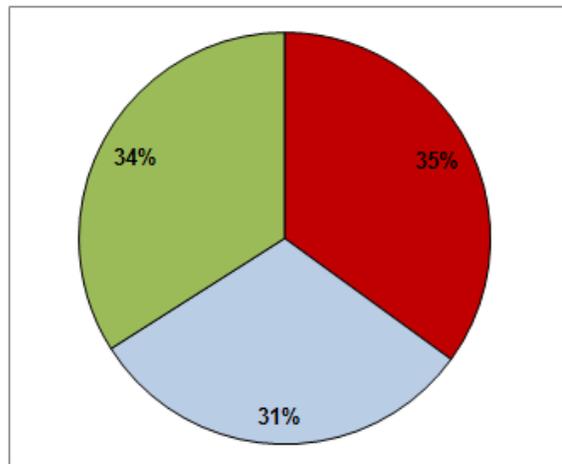
Question 6: Are the following timescales appropriate

Yes	
No	
Unsure	

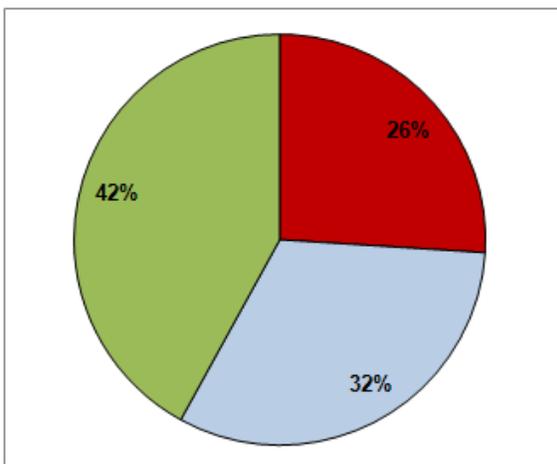
Between registration and notification



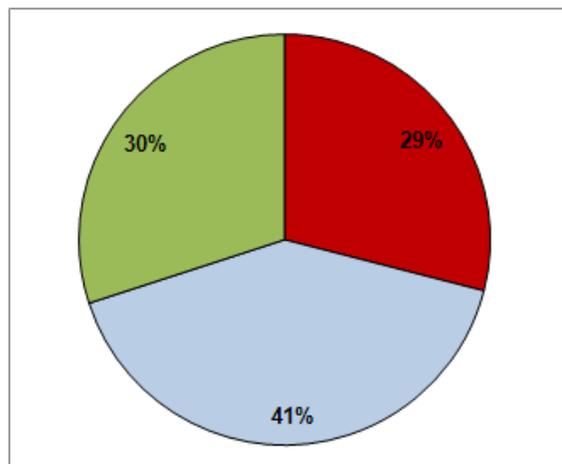
Between notification and inspection



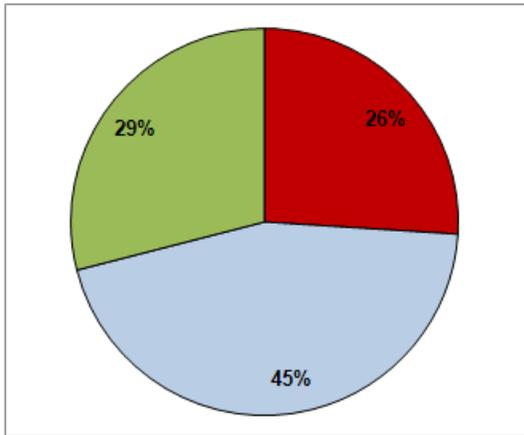
Duration of inspection



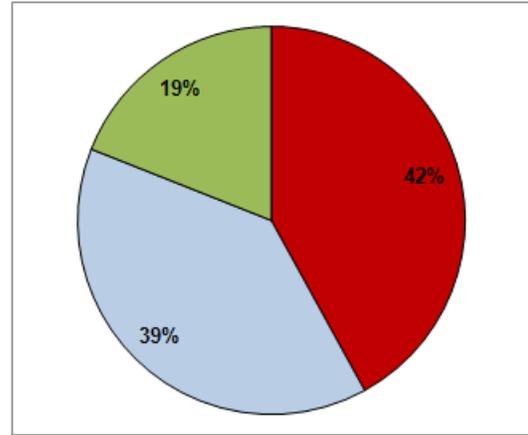
Between inspection and follow-up (where necessary)



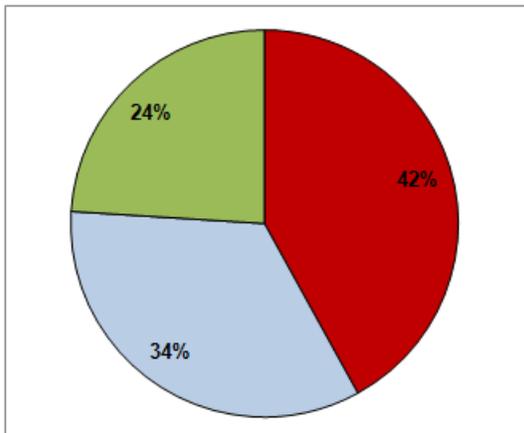
Between renewals



Between the completion of the inspection and the development of a draft 1 report



Between the completion of the draft report and the final publication

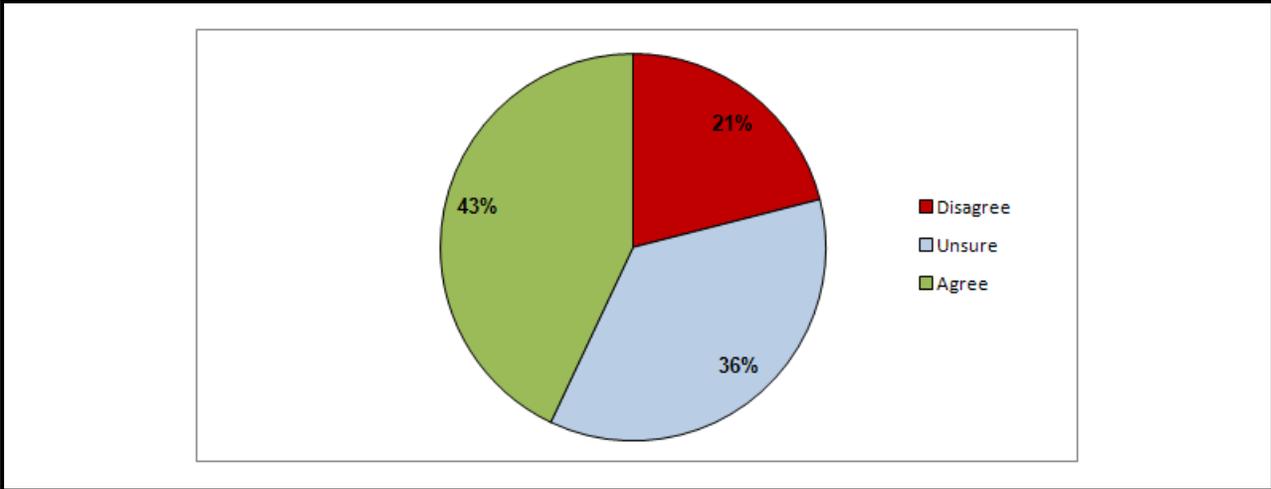


Respondents highlighted that timelines are set down for the provider (regarding the completion of documentation and inspection milestones in general), whereas they appear to be more flexible for HIQA in terms of the completion of their specific responsibilities. As a result, respondents would like to see precise timelines being agreed for (a) the return of draft documentation relevant to the inspection process from HIQA to providers and (b) the publication of inspection reports. In addition, a further key deadline that should be formalised is the period of time that HIQA require in order to finalise a registration verdict. The ambiguity over-hanging this timeline has a number of knock-on consequences for the provider both from a planning and commercial perspective.

**3.6 Feedback and Engagement**

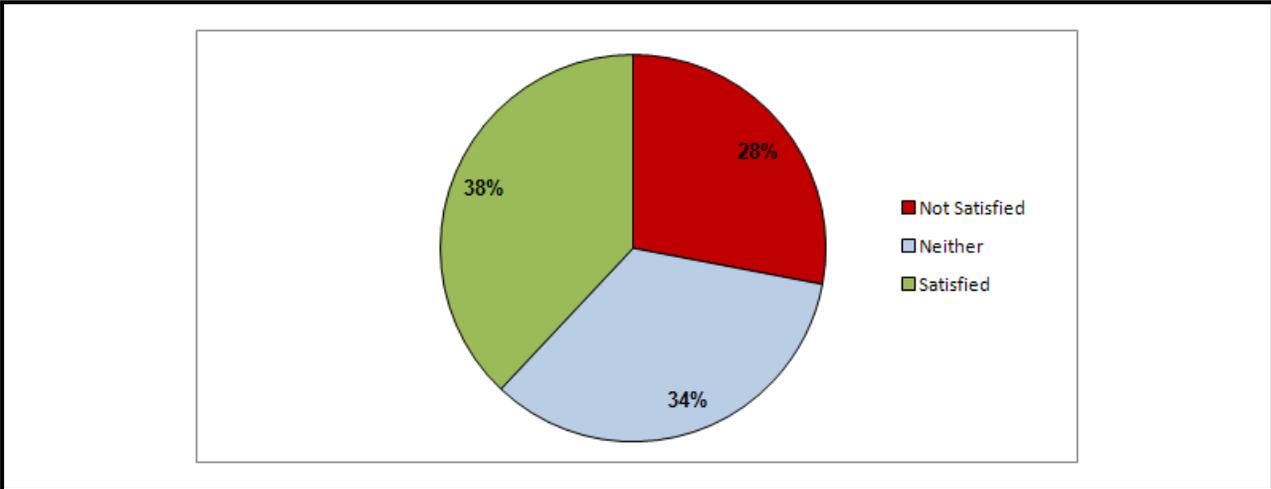
Respondents were asked if they agreed/disagreed with the following statement: “You and your colleagues / staff had sufficient opportunity to discuss the initial findings of the inspection with the inspector(s)”. 21% of respondents did not agree, 43% felt they had sufficient opportunity. This refers to both (a) face-to-face time with the inspector during the period of the inspection and (b) having the necessary window of time to review the draft report. Where criticism existed, it predominantly arose due to the fact that the window is not always based on an agreed number of working days as it is typically based on a calendar period.

Question 7: Do you agree with the following statement – “You and your colleagues / staff had sufficient opportunity to discuss the initial findings of the inspection with the inspector(s)”



Respondents were asked to rate their level of satisfaction in relation to whether their feedback on the initial findings was given due regard and consideration by the HIQA Inspection Team. 28% of all respondents were not happy that their feedback was dealt with as expected.

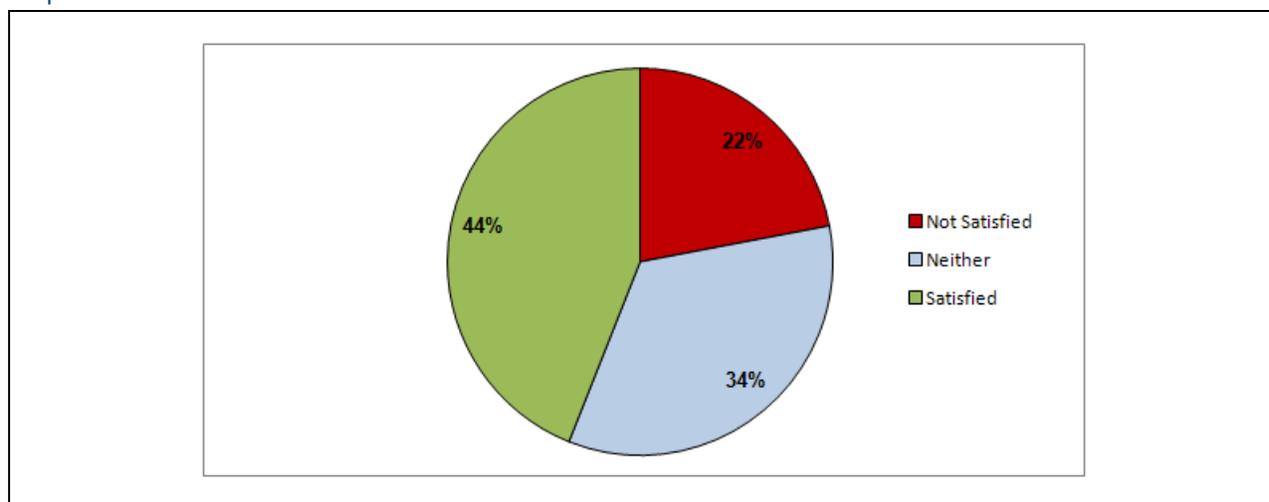
Question 8: Are you satisfied that your feedback on the initial findings was given due consideration



The majority of those dissatisfied felt their feedback had been disregarded. Although efforts were made by providers to highlight their areas of concern in terms of report content, respondents felt this feedback was not taken on board or an explanation was not provided as to why the findings within the inspection report would not be altered. The most common example provided was where a provider discussed an area identified for improvement with the inspector, reached agreement that this area had been overstated / misunderstood, but yet the area remained within the draft / final inspection report.

Where there were factual inaccuracies included within draft versions of the inspection report, respondents were asked to gauge their level of satisfaction that this was rectified and that suggested corrections and amendments were appropriately included within the final report. 22% of respondents were not satisfied completely that this had been achieved.

Question 9: If there were factual inaccuracies included within draft versions of the inspection report, are you satisfied that suggested corrections and amendments were appropriately included within the final report

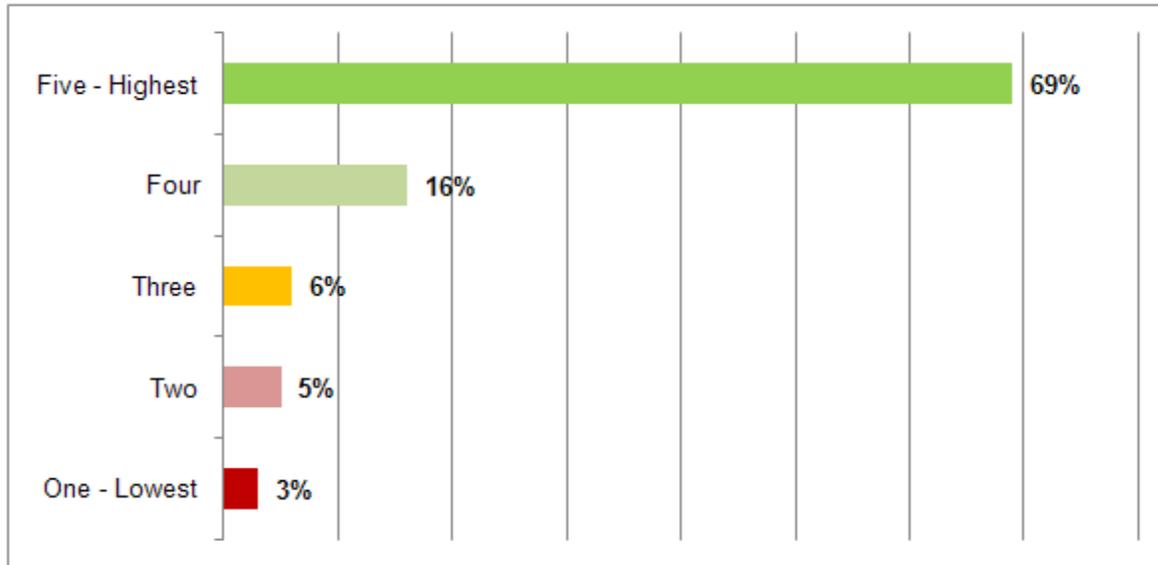


**3.7 Other**

**Administrative Requirements**

Respondents were requested to rate the level of challenge associated with the administrative requirements that arise from the inspection process on a scale of one to five (one representing the lowest level of challenge, five representing the highest level of challenge). 69% of all respondents assigned the highest value available. The primary source of discontent derives from the volume of paperwork and duplication that is associated with registration and inspection processes.

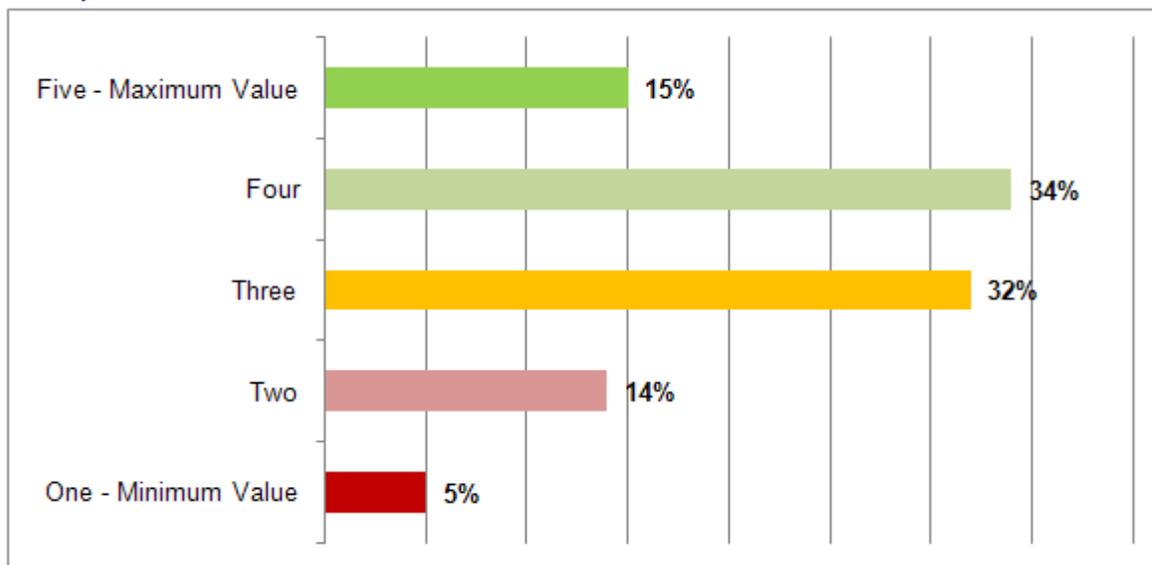
Question 10: On a scale of one to five, how challenging is the administration arising from the inspection process



### The Action Plan

The level of value placed by nursing home providers / staff on the action plan template as a means to improve the overall service provided within a nursing home was explored using a five-point scale (one representing the minimum level of value, five representing the maximum level of value). Almost half of all respondents (49%) awarded a rating above the midpoint (three). Levels of dissatisfaction were mostly associated with a perceived lack of guidance from HIQA on the specific actions to remedy identified gaps and improve service delivery.

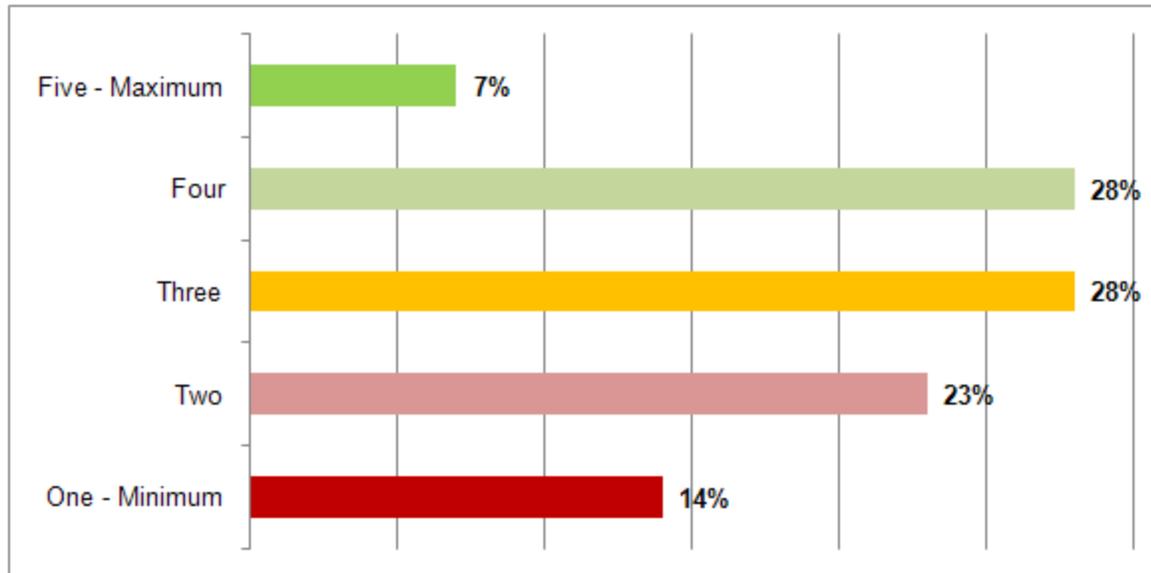
Question 11: How valuable was the action plan to you as a means to improve the overall service provided within your centre



### The Fit-person Entry Programme

On a scale of one to five, nursing home providers and staff were asked to evaluate the value of the fit-person entry programme as a means to self-assess one's fitness to deliver high quality services. 14% of respondents assigned the lowest possible value, with 35% of responses received outlining a level of satisfaction above the scale mid-point (three).

Question 12: On a scale of one to five, how would you evaluate the value of the Fit-person Entry Programme as a means to self-assess your fitness to deliver high quality services within a designated centre for older people



In general, the programme is valued by respondents. However a level of ambiguity exists in terms of when the programme must be completed where one is applying to become a registered provider of more than one designated centre. HIQA guidance states that completion of the programme is required once but the practice has required multi-site providers to complete the programme for all individual centres.

### National Standards and Regulations

A significant proportion of respondents highlighted a lack of specificity included within the national standards as an area of concern. In areas where the required level of detail is not present, it is claimed that the onus on the inspector to interpret and apply becomes too open to the individual. The following areas of concern were drawn attention to.

#### National Standards

- Staffing levels: an agreed approach to calculate the number and required skill-mix of staff within a nursing home should be outlined within the standards
  - A nationally validated assessment tool is referenced in the standards. The continued absence of this tool was noted by respondents and they felt clarification from HIQA regarding their position on this would be beneficial
- Physical environment: a number of standards outlined in relation to the physical environment are (a) not achievable for nursing homes of an older design and specification or (b) require investment in a range of infrastructure that is excessive

### Regulations

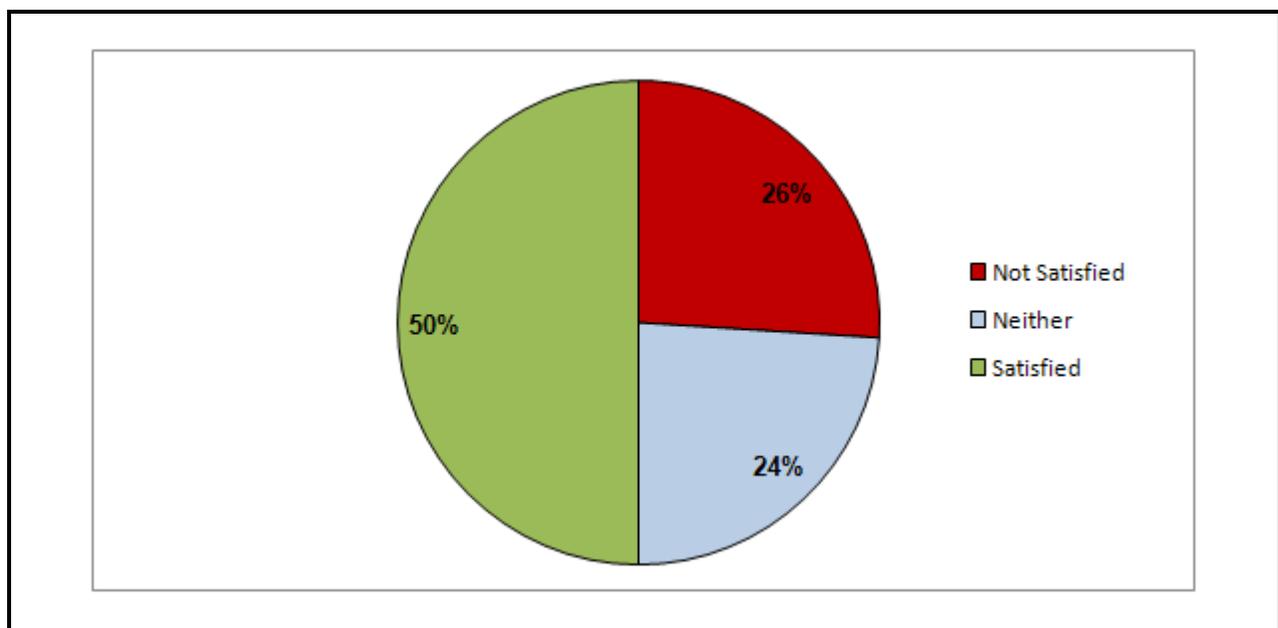
- Risk management: high level description is not specific enough at present and should provide additional detail pertaining to the type of risk management system and the required components
- Appeal processes: an appeal mechanism, independent of HIQA should be legislated for
- Registration period: this should be extended to a period of up to five years

## 3.8 Conclusion

### Overall Satisfaction Level

Respondents were asked about their overall level of satisfaction regarding the inspection process / report as a means to assist service providers improve their nursing home for all residents. Precisely half of all respondents stated that they are satisfied with the existing process and the resultant report. However, in excess of one in every four respondents was not satisfied that the process and/or report are meeting this objective.

Question 13: Are you satisfied that the inspection process and report serve to assist service providers to improve their centres for all residents



Where frustrations and dissatisfaction exist, the following represented the most common reasons for this:

- A lack of advice forthcoming from HIQA on how to respond to areas identified for some or significant improvement, specifically what action or type of actions should be taken to remedy an area identified for improvement by an inspector
- The lack of additional guidance from HIQA in relation to the definition of good practice, some/significant improvements and how this classification is applied by HIQA inspectors
- A disproportionate amount of time is required to meet administrative requirements
- The lack of recourse to an independent third party where dissatisfaction remains in relation to a component of the inspection process and/or content within the inspection report

- The competency level possessed by the inspector and/or their inspection approach and style were less than satisfactory
- Inconsistencies identified across geographic boundaries in terms of the interpretation and application of the national standards and/or regulations
- The processes associated with the inspection methodology that require engagement with third party agencies, including Fire Safety, Environment Health, etc (not an exhaustive list), are currently not consistent
- The lack of agreed deadlines on the part of HIQA to complete key deliverables regarding the inspection and registration process
- A lack of clarity and transparency as regards how HIQA calculate the basis for the placing of restrictions/limitations on a nursing home provider regarding residents with specific health conditions (e.g. dementia) and/or disabilities
  - Providers recognise that restrictions / limitations may be necessary but are not satisfied that such calculations are completed using a consistent methodology

### **The Inspection Report**

In relation to the inspection report, a number of characteristics were queried (see graph below). The results suggest that the report structure does include the necessary level of detail, with 49% of respondents stating they are satisfied with the detail included.

One specific criticism commonly forwarded by providers/staff regarding the detail of the report related to the use of direct quotes from residents and relatives. Respondents have reservations as regards the value this practice offers to the inspection report and share concerns about the risk that comments are over-emphasised by the report writer or in some cases taken out of context by future readers.

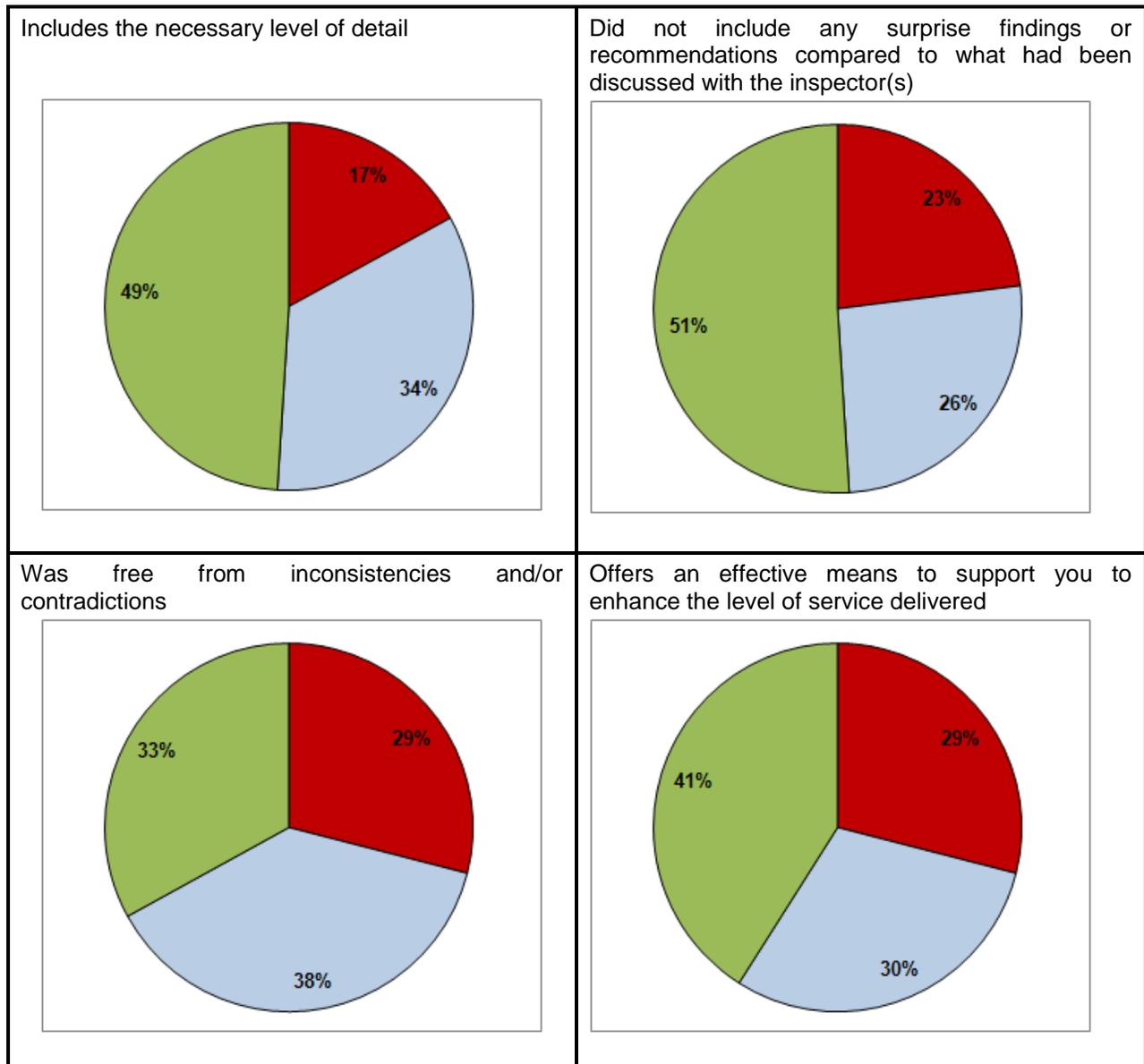
Results were less positive in terms of surprise findings being included within the report. This question explored if findings or recommendations had been included within the inspection report without having been discussed between the inspector(s) and the nursing home proprietor / Director of Nursing / other relevant members of staff in advance. 23% of respondents were not satisfied that all findings were discussed sufficiently in advance of draft reports being issued. The source of this discontentment primarily arose due to the inclusion of comments within the report that either (a) had not been discussed with the provider or (b) had been discussed and as a result it was agreed that the comment would be removed or amended.

In addition, 29% of respondents were not satisfied that their report was free from inconsistencies and/or contradictions. A frequently received comment from providers in relation to this was that in some cases evidence of good practice was contradicted by areas identified for some/significant improvement and vice versa. In addition, respondents felt that inspectors were interpreting and applying the standards and regulations on an inconsistent basis.

The final query gauged the level of satisfaction amongst respondents in relation to how effective the report is to enhance the level of service delivered. 41% of respondents were satisfied that it does offer an effective means. 29% of respondents believe that this overall objective of the process is not being met. The major source of this dissatisfaction stems from the fact that the inspection process, and HIQA as a consequence, does not provide guidance around the actions to rectify areas identified for improvement. In addition, many respondents felt that morale within the nursing home suffered following an inspection due to the fact that the process in general focussed on identifying areas for improvement at the expense of highlighting areas of good practice.

Question 14: Overall, are you satisfied that the completed inspection report....

<b>Satisfied</b>	
<b>Not Satisfied</b>	
<b>Neither</b>	

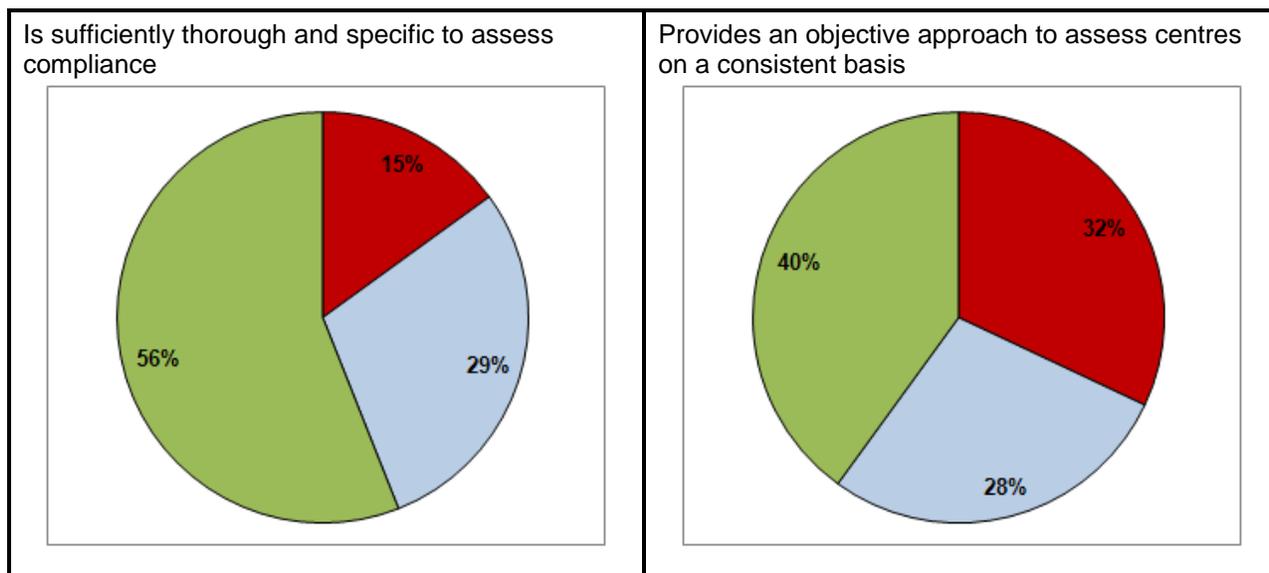


### The Inspection Process

Two questions were asked to obtain respondent's views on their overall satisfaction with the inspection process. Feedback received in terms of the completeness of the process to assess compliance was primarily positive, with 56% of replies agreeing that the process is thorough and specific. In general, respondents commented that, as a methodology to assess compliance, the necessary level of detail is included.

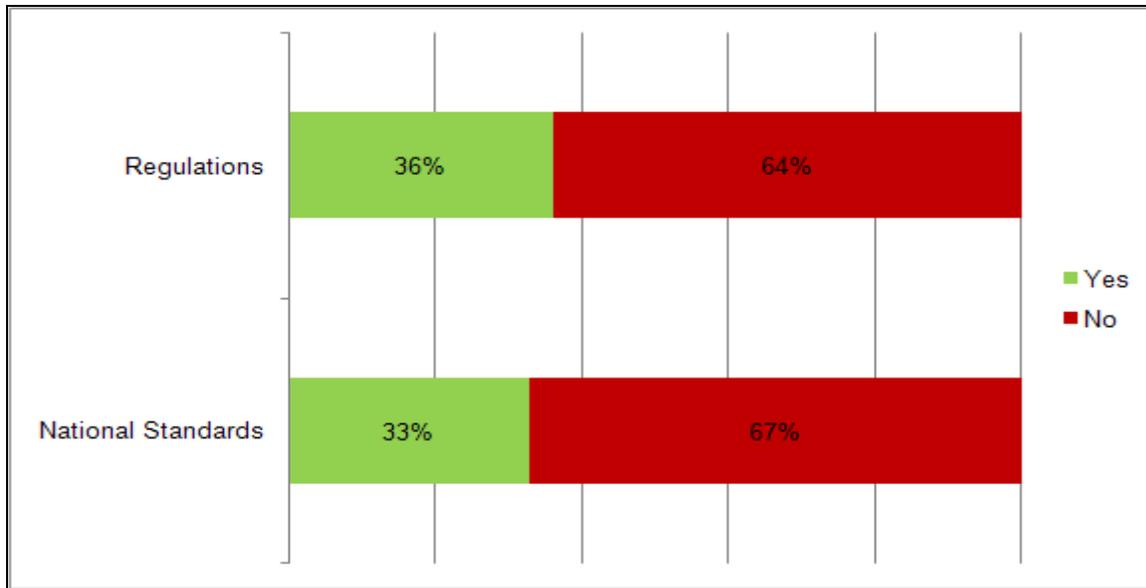
However, respondents were less positive regarding objectivity and consistency. Approximately one in every three respondents was not satisfied that the process provides an objective approach to assessing nursing homes on a consistent basis. Where respondents have had exposure to more than one inspection or where they have shared their experiences with others, they tend to identify discrepancies in relation to the application of the standardised process<sup>4</sup> regardless of the size of a nursing home, the geographic location and all other characteristics.

Question 15: Overall, are you satisfied that the inspection process....



<sup>4</sup> For all scheduled inspections

Question 16: Are you satisfied that (a) the regulations and (b) the national standards are being interpreted and applied consistently in Ireland regardless of centre size, geographic location and all other characteristics



Respondents were asked to state whether or not they are satisfied that the national standards<sup>5</sup> are being interpreted and applied consistently in Ireland regardless of centre size, geographic location and all other characteristics (see graph above). Two out of every three respondents stated that they are not satisfied at present that the necessary level of consistency has been achieved. This was highlighted in particular by nursing home groups that have in general adopted a standardised approach to meeting the national standards. Despite this standardised approach, the level of compliance achieved by nursing homes was mixed where different inspectors had managed individual inspections.

A similar question was asked in relation to the regulations<sup>6</sup> with the result being almost identical. 64% of respondents stated that they are not satisfied that the regulations are being interpreted and applied consistently. A common complaint of respondents was that inspectors were in some cases applying regulations that did not reflect those as outlined within the 2009 regulations. In addition, in a limited number of cases, inspectors alluded to practice in the UK and applied elements of this as the yardstick for good practice in Ireland. Also, through a combination of discussions with other nursing home providers and staff in different geographic locations and the reviewing of published reports on [www.hiqa.ie](http://www.hiqa.ie), respondents believe there are discrepancies in interpretation and application.

<sup>5</sup> Health Information & Quality Authority (2009) National Quality Standards for Residential Care Settings for Older People in Ireland

<sup>6</sup> Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009

### **Suggested Priority Areas for Improvement / Refinement**

Areas for suggested improvement were captured at all stages of the consultation approach including the focus group, the questionnaire and during one-to-one discussions with nursing home providers. The following summarises the key areas identified.

- The inspection methodology should enable an increased level of objectivity that is based on sufficiently specific and prescriptive national standards and regulations
- All inspections should be undertaken in an atmosphere of mutual respect and in the spirit of partnership
- The timescale between inspection and publication of the inspection report should be reduced
- The administration requirements could be significantly reduced if templates were redesigned in an effort to remove duplication of information requests
- Acknowledgement of good practice should be more prominent and detailed (where evident) within the inspection report
- Inspectors must possess a consistent understanding of the national standards and regulations and ensure as far as possible that their application is consistent across Ireland
- In relation to scheduled inspections, the notice period must be more consistent and have a minimum notification period assigned
- Ideally all inspectors should have a clinical background from a previous medical or nursing career
- The use of direct quotes from residents and relatives is a questionable practice in terms of overall value to the inspection process and report.

## 4. Supporting Continuous Improvement

A number of recommendations are outlined as a means to further enhance the existing inspection process. Whereas the primary focus of this review rested on the inspection process, a number of comments were received and observations were made in relation to the registration process also. As a result, a limited number of recommendations included refer to this latter element of the overall regulatory framework.

### 4.1 Recommendations

The feedback received from consultation with nursing home providers / staff has been utilised to identify all key issues and concerns, from the perspective of the service provider, in terms of the existing inspection process as managed by HIQA. In order to identify process improvement recommendations, Prospectus has considered practice from other comparative jurisdictions and held preliminary discussions with HIQA to balance inputs for consideration.

Recommendations are outlined for each of the following areas:

- (a) General
- (b) Timelines
- (c) Inspection Report
- (d) Inspection Process
- (e) Registration Process
- (f) Inspection Team
- (g) Administration / Documentation Management

<b>(h) General</b>	
1	A timescale for the review of the Health Act 2007, the National Quality Standards and the 2009 Regulations should be agreed, ideally to be completed within 18 months of July 2010
2	The use of phrases such as “appropriate” and “sufficiently”, as included within HIQA documentation and inspection reports, should be avoided. This type of descriptor should be replaced with more prescriptive and detailed terminology.
3	<p>The use and remit of the Regional Provider Panel should be kept under continuous review for a period of 12 months to ensure appropriate application and consolidation of its position.</p> <ul style="list-style-type: none"> <li>- It should have a consistent terms of reference agreed for all three regions</li> <li>- Members should be appointed for a minimum duration of 24 months</li> <li>- Members should be replaced on a phased basis to provide continuity (e.g. a maximum of up to one third of all members should be replaced on an annual basis)</li> </ul>
4	HIQA should publish documentation detailing the internal quality assurance processes endorsed and applied within the organisation to uphold best practice in terms of the completion of inspection reports

5	<p>All processes associated with the inspection methodology that involve third party expertise should be reviewed by HIQA with the objective to agree and implement a consistent approach with each third party when determining compliance. Consideration of the processes associated with the following areas should be prioritised:</p> <ul style="list-style-type: none"> <li>- Fire Safety</li> <li>- Environment Health</li> <li>- Food Safety</li> <li>- Pharmacy</li> </ul> <p>Please note that the above list has identified the initial priority areas and is not exhaustive. Processes involving all third party experts should be reviewed.</p>
6	<p>Clarity should be provided by HIQA as regards the requirement to complete the Fit-person Entry Programme for registered providers of more than one designated centre as inconsistencies have occurred between the policy and practice of HIQA</p>
7	<p>Options to develop a mechanism to provide an external component to the quality assurance arm of HIQA should be explored. The mechanism should include consideration of the following:</p> <ul style="list-style-type: none"> <li>- Consistent application of national standards and regulations</li> <li>- A means to facilitate an independent appeals process</li> <li>- The completion of external quality audits</li> </ul>
8	<p>A framework outlining the decision-making processes utilised by inspectors to identify evidence of good practice / areas for some / significant improvement should be developed and made widely available by HIQA</p> <ul style="list-style-type: none"> <li>- The objective of this should be to standardise the decision-making processes used by inspectors</li> </ul>
9	<p>HIQA should publish comprehensive additional guidance for use by nursing home providers to (a) assist with achieving compliance as per the existing inspection process and (b) assist providers to continually improve their service.</p> <ul style="list-style-type: none"> <li>- International approaches should be reviewed and considered to inform available options</li> <li>- This should use brief case studies highlighting how compliance is achieved across different scenarios and standards</li> <li>- It should also serve to highlight target outcomes for services to achieve on a phased basis</li> </ul>

<b>(i) Timelines</b>	
10	<p>For a scheduled inspection to be considered/labelled as “announced”, it should have a minimum notification period of one week assigned</p>
11	<p>A maximum timeline of three months from the date of application should be met by HIQA to issue registration <i>notices of decision</i></p>
12	<p>Operators / providers should have a minimum of 10 working days to review draft reports and complete feedback for consideration by HIQA</p>
13	<p>Timeline ranges (minimum to maximum) for each of the following should be formalised, widely publicised and implemented:</p> <ul style="list-style-type: none"> <li>- Between inspection and follow-up inspection (where necessary)</li> </ul>

	<ul style="list-style-type: none"> <li>- Between completion of the inspection and circulation of draft one of the inspection report to the operator / provider</li> <li>- Between the completion of the final report and publication on <a href="http://www.hiqa.ie">www.hiqa.ie</a></li> </ul>
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<b>(j) Inspection Report</b>	
14	The section detailing residents' and relatives' comments from within the inspection report template should be removed
15	<p>A new conclusion section should be included within the report to:</p> <ul style="list-style-type: none"> <li>- Detail an overall summary of key findings in respect to areas of non-compliance, concentrating predominantly but not exclusively on areas identified for significant improvement</li> <li>- Highlight areas of good practice (where identified) with an emphasis on (a) finalising the inspection report on a positive note where possible and (b) fostering a culture of continuous improvement within the nursing home</li> </ul>
16	<p>In the case whereby HIQA apply any edits or amendments to components of the inspection report as completed by the provider, such edits / amendments should be highlighted to the provider without exception. This is of particular relevance to:</p> <ul style="list-style-type: none"> <li>- Actions outlined within the action plan template</li> <li>- The provider's response section</li> </ul>
17	Inspection reports should not be published on <a href="http://www.hiqa.ie">www.hiqa.ie</a> until the provider has waived his/her right to appeal (see recommendation 23 below)

<b>(k) Inspection Process</b>	
18	To ensure continuity between inspections, the lead inspector allocated to any follow-up inspection should have fulfilled the role of lead inspector at the precursory inspection
19	<p>A formalised process should be developed and introduced to enable a provider to request a new inspector from the HIQA case management system</p> <ul style="list-style-type: none"> <li>- HIQA should develop criteria and parameters to guide such requests</li> </ul>
20	<p>The process to assign restrictions on a provider from a resident type perspective should be reviewed, formalised and communicated to all nursing home providers</p> <ul style="list-style-type: none"> <li>- Specific guidance should be issued by HIQA as regards the basis for the development of proposals outlining restrictions / conditions</li> <li>- Timelines relevant to the decision-making process should be standardised</li> </ul>
21	<p>HIQA should publish the following internal business processes on <a href="http://www.hiqa.ie">www.hiqa.ie</a> in order to foster an increased level of transparency for the benefit of providers:</p> <ul style="list-style-type: none"> <li>- The pathway for a scheduled inspection from the perspective of a provider</li> <li>- Internal quality assurance processes to support the above</li> </ul> <p>All pathways should have timelines outlined for the completion of key deliverables.</p>
22	On commencement of any inspection, the inspector should outline details to the provider as regards the inspection type. It should not be permitted to combine or merge inspection types under any circumstances (e.g. an inspection commenced on foot of a concern becoming a scheduled inspection)

23	<p>The present situation whereby a provider has the opportunity to submit a response to the content of an inspection report outlining areas of disagreement with HIQA, should be replaced by a formal appeal process</p> <ul style="list-style-type: none"> <li>- The provider should have a period of 10 working days to prepare an appeal following receipt of the finalised report</li> <li>- The appeal should outline concisely and comprehensively all key areas of disagreement</li> <li>- The external quality assurance mechanism (see recommendation 7) should be charged with playing a key role in the design of this appeal process</li> </ul>
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<b>(l) Registration Process</b>	
24	<p>HIQA should publish the following internal business processes on <a href="http://www.hiqa.ie">www.hiqa.ie</a> in order to foster an increased level of transparency for the benefit of providers</p> <ul style="list-style-type: none"> <li>- The registration pathway from the perspective of a provider</li> <li>- Internal quality assurance processes to support the above</li> </ul> <p>All pathways should have timelines outlined for the completion of key deliverables.</p>
25	<p>HIQA should commence an awareness building campaign to update the knowledge of existing and prospective service providers regarding the overall registration process</p>
26	<p>In relation to <i>notices of decision</i>, consideration should be given to allow a provider to waive the right to an appeal, and therefore not wait until the 28-day timeframe has lapsed before progressing to the next stage of the registration process</p>

<b>(m) Inspection Team</b>	
27	<p>The existing training and development programme utilised for the inspection team should be reviewed with a focus on incorporating specific modules to support the further development of the following skills:</p> <ul style="list-style-type: none"> <li>- Interview techniques to maximise output from staff, residents and their relatives</li> <li>- Concise writing techniques</li> </ul>

<b>(n) Administration / Documentation Management</b>	
28	<p>A Working Group should be established by HIQA to determine areas of administrative duplication and to provide solutions to streamline existing requirements</p> <ul style="list-style-type: none"> <li>- Membership of the Working Group should include a limited number of nursing home providers / operators and representatives from NHI</li> </ul>
29	<p>In the case whereby HIQA requests and/or makes copies of files pertaining to a nursing home and/or residents within, the following should apply:</p> <ul style="list-style-type: none"> <li>- HIQA should be deemed the sole owner of that particular copy</li> <li>- All copies should be labelled/stamped property of HIQA</li> <li>- All copies should be managed according to all relevant provisions of the Data Protection Act</li> </ul>

## 5. Conclusion

This high level review presents a summary of the key issues identified by nursing home providers in Ireland in relation to the HIQA inspection process. It is important to stress that the inspection process has been in operation for a period of approximately 12 months. It represents a significant shift from the previous approach utilised and, as with any change process, has presented specific challenges to both those implementing the inspection process and those being inspected.

In order to ensure that the inspection process is implemented as intended and on a consistent basis across Ireland, it is intended that the feedback garnered and analysed during this review will be used to provide clear direction as regards the priority areas for attention. Nursing Homes Ireland looks forward to discussing the content of this document with HIQA and the Department of Health & Children as a means to explore and refine the inspection process where necessary.

Prospectus wish to extend a sincere level of gratitude to all those who contributed to this review process.

## Appendix 1: Regional Analysis of Questionnaire Results

The following table provides a regional analysis of responses received to the questionnaire. All questions required that respondents rank their level of satisfaction with components of the inspection process according to a five-point scale, one representing the lowest level of satisfaction and five representing the highest level of satisfaction (unless otherwise stated). The results outlined are representative of the average value from responses received across each of the three HIQA regions.

Question	North (n=49)	Central (n=29)	South (n=55)
The process used by inspectors to measure compliance is a mix of observation, conversation and documentation. Please rank your satisfaction with this process when assessing the following six areas:			
– Organisation / Governance	3.4	3.6	3.7
– Quality of Service	3.5	3.5	3.6
– Health Care	3.3	3.4	3.7
– Premises & Equipment	3.5	3.4	3.6
– Communication / Information	3.4	3.5	3.8
– Staff	3.4	3.5	3.8
How satisfied are you with the level of consistency applied by the inspector(s) across each of the above six areas	3.3	3.3	3.5
How satisfied are you with the level of objectivity applied by the inspector(s) across each of the above six areas	3.1	3.2	3.4
How satisfied are you with the level of competency shown by the inspector(s)	3.5	3.7	3.6
How satisfied are you that the inspector(s) undertook their duties according to the agreed Code of Conduct	3.7	4.1	4.2
On a scale of 1 – 5 (1 representing the lowest), how challenging is the administration arising from the inspection process	4.4	4.4	4.7
On a scale of 1 – 5 (1 representing the lowest), how appropriate are the following timescales:			
– Between registration and notification	2.7	2.4	2.6
– Between notification and inspection	2.9	2.9	2.9
– Duration of inspection	3.1	3.2	3.3
– Between inspection and follow-up	2.9	3.0	3.1
– Between renewals	3.0	2.9	3.7
– Between the completion of the inspection and the development of a draft report	2.3	2.7	3.0
– Between the completion of the report and the finalised version published on <a href="http://www.hiqa.ie">www.hiqa.ie</a>	2.7	2.7	2.8

Question	North (n=49)	Central (n=29)	South (n=55)
Do you agree with the following statement (1: strongly disagree, 2 strongly agree): “You and your colleagues / staff had sufficient opportunity to discuss the initial findings of the inspection with the inspector(s)”	3.0	3.4	3.8
Are you satisfied that your feedback on the initial findings was given due consideration?	2.9	3.2	3.6
How valuable was the action plan to you as a means to improve the overall service provided within your centre (1: minimum value, 5: maximum value)	3.2	3.4	3.8
Three classifications are currently used to provide compliance feedback to a given centre: <i>Evidence of Good Practice, Some Improvements Required, Significant Improvements Required</i> . On a scale of 1 – 5, how appropriate and useful are these three classifications (1: minimum, 5: maximum)	3.0	3.2	3.7
How satisfied are you that the inspector(s) provided an appropriate balance of feedback across the three classifications: <i>Evidence of Good Practice, Some Improvements Required, Significant Improvements Required</i>	3.0	3.3	3.6
How satisfied are you that the inspection process and report serve to assist service providers to improve their centres for all residents	3.1	3.4	3.6
Overall, how satisfied are you that the completed inspection report:			
– Includes the necessary level of detail	3.2	3.4	3.7
– Did not include any surprise findings or recommendations compared to what had been discussed with the inspector(s)	3.1	3.5	3.5
– Was free from inconsistencies and/or contradictions	2.9	2.9	3.4
– Offers an effective means to support you to enhance the level of service delivered	3.0	3.1	3.6
Overall, how satisfied are you that the inspection process:			
– Is sufficiently thorough and specific to assess compliance	3.3	3.5	4.0
– Provides an objective approach to assess centres on a consistent basis	3.0	3.0	3.6
If there were factual inaccuracies included within draft versions of the inspection report, how satisfied were you that suggested corrections and amendments were appropriately included within the final report	3.1	3.4	3.6
On a scale of 1 – 5, how would you evaluate the value of the Fit-person Entry Programme as a means to self-assess your fitness to deliver high quality services within a designated centre for older people (1: minimum, 5: maximum):	2.8	3.1	2.8
Are you satisfied that the national standards are being interpreted and applied consistently in Ireland regardless of centre size, geographic location and all other characteristics (Respondents were required to select one of two options - % that responded Yes is included here)	38%	27%	37%

<b>Question</b>	<b>North (n=49)</b>	<b>Central (n=29)</b>	<b>South (n=55)</b>
Are you satisfied that the regulations are being interpreted and applied consistently in Ireland regardless of centre size, geographic location and all other characteristics (Respondents were required to select one of two options - % that responded Yes is included here)	36%	33%	40%

Appendix 2: HIQA Regional Boundaries

