

# ***Enhancing and Managing the Process of Inspection***

***NHI INSPECTION PROTOCOL  
March 2012***

***www.nhi.ie***



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## ***Disclaimer***

This Inspection Protocol is for information purposes only and does not constitute, or purport to represent, legal advice. It has been prepared with regard to legislation, guidelines and guidance notes applicable as at 1st March 2012 and, accordingly may not reflect changes that have occurred subsequent to such a date.

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# Background

NHI has observed a growing trend of requests for support and advice in relation to external inspection particularly since 2009 with the commencement of inspection by the Health Information and Quality Authority. In 2010 NHI commissioned Prospectus Consulting to review the HIQA regime and in July 2010 on the first anniversary of the commencement of the HIQA regime NHI published a 'High Level Review of the HIQA inspection process for Residential Care Settings for Older People'.

This review reiterated NHI commitment to, and support of, independent inspection and the report used a number of approaches to identify the strengths and weaknesses of, in particular, the HIQA process. The report identified a number of areas requiring attention and a total of 29 recommendations were developed to support the continuous improvement of the inspection process. The report and recommendations were presented to the Department of Health and the Health Information and Quality Authority.

Following requests from members to address the ongoing challenges with inspection the Board of Directors at the April 2011 meeting decided to commission Martin Reddington, IQC (Irish Quality Centre) to develop a protocol manual to assist NHI members in dealing ethically and professionally with all outside inspection agencies.

Members are subject to inspection by a number of external agencies including but not limited to Health Information and Quality Authority, National Employment Rights Authority, Health and Safety Authority, Fire Officers and Environmental Health Officers.

Martin Reddington of Irish Quality Centre has over 20 years' experience in performing assessments and in assisting organisations in how best to manage regulatory and compliance inspections.

A working group was established following an invitation to all members and the inaugural meeting was held place on 23rd June 2011. The protocol was developed based on consensus of opinion and experience of the different inspectorates by the working group members. This process was guided and supported by Martin Reddington who incorporated evidence-based practice and knowledge of international inspection processes and by NHI Practice Development Facilitator Ms Sinead Morrissey.

Whilst the document originated as a generic document it became apparent that both the process and experience of inspections by the Health Information and Quality Authority were fundamentally different to other inspectorates and required specific and additional steps to be incorporated.

NHI is committed to working with each of the regulators to improve the quality and standard of care for all who reside in member nursing homes. It is hoped that this protocol will assist members in getting the most out of their inspection and ultimately contribute to a better quality service and experience for all residents. We strongly advise members to use the document to enhance and manage the inspection process.

The nursing home sector recognises the importance of regulation and inspection. It appreciates the merit in establishing a clear framework of standards, monitoring performance, signposting areas for improvement and providing public assurance. At the same time, the regulatory

## Background (cont.)

framework has to support, and not impede, service delivery and service development, and has to be consistent in its application. Effective regulation should be achieved through partnership within the sector involving service providers, regulators and purchasers (i.e. residents and the NTPF) where all stakeholders have a shared ownership of the regulations, standards, outcomes and processes.

NHI legal advisers Dillon Eustace have provided a foreword for the protocol addressing the legal context, highlighting the principles of natural justice and fairness.

Two fundamental principles of natural justice are that nursing home owners have a right to be heard in relation to any matter impacting on their legal rights, in accordance with the principle of audi alteram partem. Further, a decision-maker must hear the other side of an argument and no person may be a judge in his own cause.

Inspectorates must be accountable for their decisions and their decision making processes. It is imperative, therefore, that regulators lead by example within the nursing homes sector and ensure that their respective complaint procedures are in line with best practice.

NHI would like to acknowledge the dedication and commitment of each of the members of the working group, also members who provided external review and NHI staff.

*Tadhg Daly, Chief Executive  
Nursing Homes Ireland, March 2012*

### **Membership of the Working Group**

Mary McCormack, Tara Winthrop Private Clinic  
Eileen Burke, Innis Ree Lodge Nursing and Residential Care Home  
Evelyn Doyle-Douglas, Brindley Manor Federation of Nursing Homes  
Catriona Hayden, Rickard House Nursing Home  
Sinéad Morrissey, Nursing Homes Ireland  
Catherine O'Connor, BishopsCourt Residential Care Ltd  
Jimmy O'Keefe, Borris Lodge Nursing Home  
Tanya Patterson, Lucan Lodge Nursing Home  
Martin Reddington, Irish Quality Care  
Susan Shortt, Mowlam Healthcare Retirement Villages and Nursing Homes  
Jenny Walton, Talbot Group Nursing Homes.

# Foreword



## **INTRODUCTORY SUMMARY**

### ***Foreword by NHI legal advisors, Dillon Eustace***

Nursing Homes Ireland ('NHI') members are committed to securing full compliance with all legislative and regulatory requirements in their nursing homes. NHI appreciates that within the legislative framework for the regulation of private and voluntary nursing homes, various agencies including but not limited to the Health Information and Quality Authority ('HIQA'), the Health and Safety Authority (the 'HSA'), and the National Employment Rights Authority ('NERA') (not an exhaustive list) discharge important statutory functions as regulators in the nursing home sector. As stakeholders, nursing home owners and regulators should work constructively together to ensure the quality, safety and accountability of all stakeholders in the provision of residential services to older people while respecting their respective roles and legal rights.

Within the statutory framework for care service provision, nursing home owners are legally obliged to comply with all applicable statutory obligations. Regulators, when discharging statutory powers of inspection and investigation, must have full and proper regard for the constitutional and legal rights of nursing home owners, their residents and staff.

The legislative framework specifically in respect of HIQA is clear. Section 46(1) of the Health Act, 2007 (the 'Act') requires any person carrying on the business of a designated centre to be registered under the Act as a registered provider. Section 9 of the Act obliges HIQA to undertake inspections and investigations into the safety, quality and standard of healthcare services in nursing homes. HIQA possesses the power, within the parameters of its statutory functions, to carry out inspections to ensure compliance with applicable legislative and regulatory requirements and issue findings based inter alia on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Findings where published by regulators following inspections can have serious legal and commercial consequences for the business and competitiveness of a nursing home which trades primarily on its good name and reputation. For instance, under the Act, HIQA has the ultimate power to propose refusal of registration if it is of the view that a nursing home is not fit for purpose, its owner is not fit to provide services or it has concerns regarding the fitness of persons involved in the management of a designated centre.

In the interests of legal certainty and fairness, therefore, it is imperative that regulators when discharging their statutory powers of investigation and decision-making have full regard to the legal rights of those inspected and to the commercial consequences of their findings. It is also imperative that nursing home owners understand the extent of their legal rights during inspections or investigations and the legal limitations on any purported exercise of statutory power by a regulator or its appointed official.

# Foreword

## DILLON EUSTACE

In order that inspections are carried out fairly and decisions made by inspectors on foot of such inspections are legally robust, inspectors must be lawfully appointed and their letters of appointment/official credentials should be presented upon commencement of any inspection. In order to be objectively fair, inspections must be carried out within a specified timeframe having regard to precise terms of reference and a stated purpose, which should be established at the outset. As a matter of fairness, inspections should not be used as an opportunity to trawl for information outside the stated purpose and terms of reference of the inspection.

Nursing home owners as occupiers of the premises in which the inspection is carried out are under a duty to take reasonable care to ensure the safety of all persons, including inspectors, while on the premises. Conversely, regulatory inspectors and officials when carrying out on-site inspections in nursing homes are obliged to act within the parameters of their statutory appointment and must, at all times while on the grounds of a nursing home, act appropriately and in accordance with the terms of their appointment. Inspectors must respect the constitutional and property rights of residents, nursing home owners, their staff and visitors during inspections. As a matter of fairness and natural justice, nursing home owners have a right to be heard in relation to any matter impacting on their legal rights, in accordance with the principle of audi alteram partem.

Those investigated also enjoy a constitutional right to legal representation where there is any allegation of wrongdoing which if proven would result in serious consequences for the person who is the subject of the investigation. In the event that any staff member feels intimidated during the inspection, it is important that all appropriate steps are taken to support that staff member where such support does not impede the statutory inspection or investigation. In the interests of legal certainty, once the closing meeting is completed the inspection should be viewed as terminated and any subsequent information gathering exercises by inspectors should (preferably) be submitted formally in writing whether by letter or e-mail as opposed to orally via telephone or otherwise. Inspections should be constructive events with all stakeholders seeking to pursue a common goal in the interest of the welfare of residents.

It is in all stakeholders' interests to ensure that due process is adhered to by inspectors during inspections and that the rights of persons interviewed during investigation are not breached. The key legal rights of persons subject to investigation flow from the Constitution of Ireland and the European Convention on Human Rights Act, 2003.

Article 40.3 of the Constitution of Ireland obliges statutory inspectors as emanations of the Irish State to guarantee, respect and vindicate the personal rights of all those inspected/ investigated and to protect nursing home owners and their staff from unjust attack and in the case of injustice done to vindicate the good name and property rights of every citizen. Constitutional justice upholds the right to silence of those being investigated. The presumption of innocence applies where wrongdoing is alleged or inferred. Entry into the private dwellings of nursing home owners and their staff is expressly precluded unless with the express consent of the dwelling's owner or where entry is properly authorised by the District Court pursuant to warrant issued in accordance with Article 40.5 of the Constitution of Ireland. In this regard, it is very important that State inspectors and regulators appreciate that a resident's room in a nursing home may properly be viewed by the resident as his/her dwelling house for the purposes of Article 40.5 of the Constitution.



# Foreword

## DILLON EUSTACE

The entitlement to due process and fair procedures is a fundamental requirement of natural justice and the publication (after an appropriate consultation period) of clear processes and procedures to apply during inspections/investigations by all State bodies responsible for regulating the provision of services in the nursing home sector is a necessity. The Irish Supreme Court interprets Article 38 of the Constitution of Ireland as mandating that inspections/investigations by the Irish State (which would include all regulators) shall be conducted in accordance with the concepts of justice, that the procedures applied shall be fair and the person under investigation shall be afforded every opportunity to defend himself/herself and his/her good name. The absence of such procedures would mean that the dignity of the person investigated would be ignored and the Irish State would have failed to vindicate his/her personal rights. Findings and decisions reached by inspectors on foot of inspections and investigations conducted by inspectors in breach of constitutional and administrative law requirements are exposed to legal challenge before the courts. In the interests of legal certainty, therefore, it is important for all stakeholders in the nursing home sector that inspections and investigations are carried out properly, lawfully and fairly.

Finally, so that nursing home owners and regulators can discharge their respective roles effectively within the statutory framework for care provision to residents, it is vital that all stakeholders appreciate fully their respective rights, powers and duties during inspections in the interests of legal certainty. It is in this context that NHI has developed its Inspection Protocol document to assist nursing home owners in putting in place effective practices and procedures to address and manage the statutory interface with all agencies during inspections and investigations.

*Dillon Eustace*  
*February 2012*

# Introduction

We now live in a world that demands compliance. All organisations are being compelled to demonstrate adherence to appropriate regulations and standards. These regulations are necessary and any entity or organisation that fails to meet their minimum criteria will go out of business. This is only correct. Proper compliance assists good businesses and will shut down non-professional and unethical ones.

In this respect regulatory bodies – need to determine that their standards are being met. To this end their inspectors visit nursing homes and go through a rigorous inspection process. This process must follow their guideline documents and their Codes of Practice and whilst individual personalities of the inspectors are obviously different, the process must be consistent across all nursing homes.

Up to recently nursing home owners and management have not been used to the level of rigor employed by HIQA during their inspections. Some have found the implementation of the process extremely difficult and have found the investigatory methods used by some inspectors challenging. It is essential that inspectors base any significant findings on objective fact based evidence – subjective, anecdotal evidence is not appropriate.

Nursing home proprietors and senior management are acutely aware of the power of the inspectors and the consequences of a poor assessment. Consequently they become extremely servile and on occasions can become intimidated by the process. In so doing they (through the inspection process) negatively affect staff morale and allow non-value costs to be incorporated into their business. International regulatory bodies such as the Food and Drugs Administration (FDA) who have enormous power have had to follow best practice guidelines. This protocol, which is based on these practices, has been developed to assist nursing home owners and management to better understand the inspection process and in so doing permit them to manage the process and be more in control. This protocol should be used as a tool, understanding that during any inspection individual issues may arise that this protocol cannot address. However, the fundamental basic steps are present in the document and if properly used will greatly assist you and your staff.

**Note: All inspectors look for objective evidence to demonstrate compliance to the relevant legislation. Consequently it is essential that Nursing Home management maintain up to date documentation and records. Proper maintenance of such documents/records provides an effective inspection trail.**

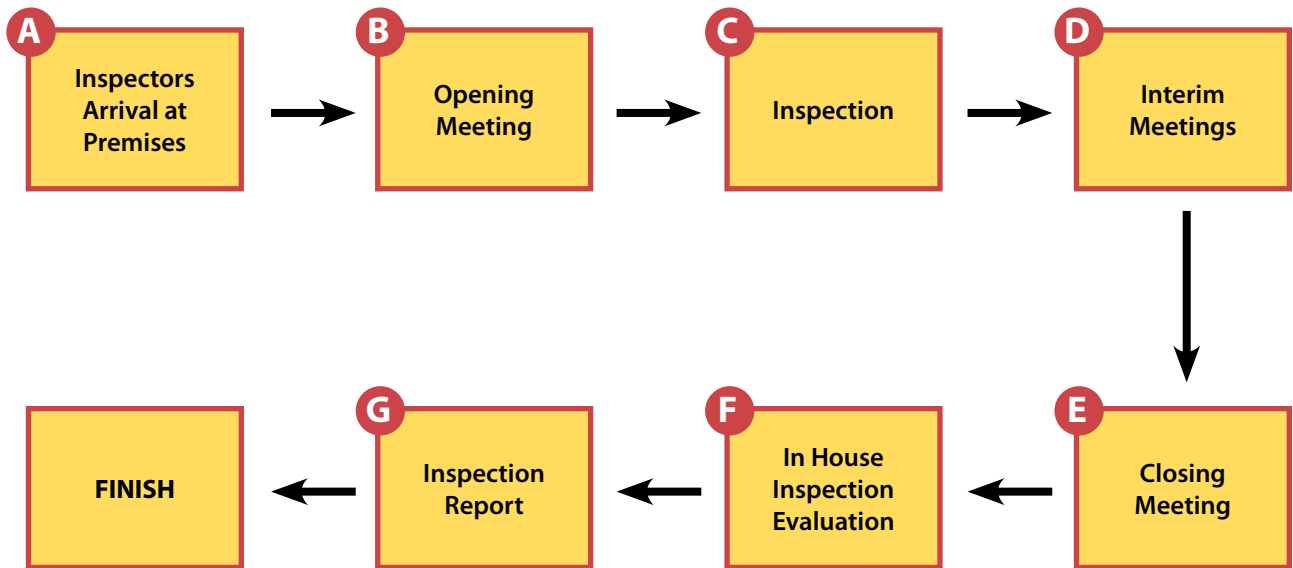
**It is important to note that e-mails are part of the inspection trail and must be maintained for review either as a hard or soft copy. Verbal discussions with the Inspectorate are also part of the inspection process. Consequently, following all discussions with the Inspectorate it is imperative that e-mails are retained to confirm details of conversations you may have had with the Inspector and to highlight actions that were agreed. Records of such e-mails should be maintained.**

# **Section 1**

## **Generic Process For All Inspections**



# Process Flow



- This process flow diagram identifies the key steps necessary to ensure that all **non HIQA** inspections are carried out in an organised systematic manner.
- All inspections follow the same basic steps. At the commencement of the inspection there must be an introduction by the inspector as to what he/she is planning to do; a process of questioning by the inspector to determine compliance; a verbal report on what has been found followed by a written report on the findings. Normally there is a requirement by the Nursing Home management to respond to the written report by the inspector as to how they plan to address any issues found.
- It is strongly recommended that all Nursing Home owners and management acquaint themselves with each step and to ensure that they perform these steps for all inspections.
- These steps have been developed to make the process as simple and as practical as possible. Each step has bullet point specifics as well as some narrative to assist you in the implementation of each step.
- Where possible sample forms have been provided and we would strongly recommend that you use them and when complete file them to assist you in maintaining an inspection trail.



# Inspector's Arrival at Premises

- ***On arrival***

- Welcome inspectors
- Look for appropriate ID
- Bring inspectors to designated room for opening meeting
- Tea/Coffee

- Once the inspectors enter the premises ensure they complete the visitors book and escort them to the appropriate meeting room.
- During this initial meeting, it is essential that you are organised and in control and that all the activities are being carried out as normal. It is also preferable that all of the relevant managers/staff required are present and already in the room.

## **B** Opening Meeting

- Introduce the members of your management team
- Get an explanation on the scope of the meeting and ensure it is understood by all
- Confirm the standard and inspection criteria to be used as the basis for the inspection. Have copies of all the relevant standards and legislation at all meetings for your reference
- Get an explanation of what each inspector will be looking at with an approximate timetable for the inspection
- Identify what your rules and regulations are pertaining to inspection (Appendix 3)
- Clarify the use of Assistants (Appendix 4)
- Get a short summary of the methods and procedures to be used to conduct the inspection by the inspectors
- Identify with the inspector how they plan to report their findings
- Clarify what the duration of each inspection day is. If at all possible the inspection should be done within normal office hours, except in specific circumstances
- Clarify any interim meetings which may be necessary
- Find out what time the closing meeting will be at - attempt to hold this meeting during normal office hours
- Confirm that the domestic arrangements for office, accommodation, meals etc., have been made
- Confirmation of relevant work safety, emergency and security procedures for the inspectors
- Arrange a tour of the premises
- Invite and answer any questions about the inspection
- Mention the confidentiality aspect of the inspection
- For soft copy documents note that access by inspectors will require management approval.

## **B** Opening Meeting

- An opening meeting must take place. Ideally this should be held in a dedicated room. This room should be large enough to accommodate the numbers attending and where possible the layout of the room should facilitate such a meeting.
- Whilst it is possible that your staff may be nervous at this meeting, it is essential that senior managers are calm and do not display a sense of nervousness as this will transmit itself to other management and staff. Remember at this opening meeting you are trying to establish the ground rules for the assessment; to identify any problems and to rectify them prior to commencement.
- Who starts the meeting can cause some concern. It is recommended that due respect is given to the Lead Inspector who is invited to commence the meeting by the proprietor of the Nursing Home or by a dedicated member of senior management.
- Ensure that you fully understand what is being said by the inspectors; what their scope is, and what they are trying to achieve. If you are unsure of anything pertaining to the inspection, get clarity. You should never leave this meeting without clearly understanding the scope, depth and duration of the inspection.
- When it comes to your turn, speak slowly and clearly. Articulate what your ground rules are (Appendix 3). If major problems arise that you feel will compromise the inspection ensure that they are addressed prior to commencement.
- During the meeting take copious notes of what has been said and agreed and these should be maintained as part of the inspection trail of documents.
- It is strongly recommended that as much documentation/files as possible is maintained in this room and that this room is used as a 'base camp' for the inspection. This compilation of information (Appendix 5) will greatly assist in the execution of the inspection and will demonstrate an organised approach to the inspection.
- It is important for management to get some indicative timetable of who they want to meet, etc., and to modify it with the agreement of the inspectors. If key staff cannot accommodate the schedule, communicate this reality to the inspectors and rearrange. It is particularly important that an approximate time for the closing meeting is also established at the opening meeting.
- Indicate to the inspectors the availability or use of Assistants. Identify who they are and what they will do during the inspection. The use of Assistants is essential to ensure that the inspection process works well. Assistants should be openminded, mature and possess sound judgement; have the ability to perceive situations in a realistic way; to understand operations from a broad perspective and to understand the role of individual units within the organisation.

## ***(a) Staff/Managers***

- **Facilitate inspection and co-operate in every way possible**
- **Ensure that the rules of the inspection process are fully understood by staff**
  - If staff/management do not understand a question, ask the inspector to repeat it.
  - If asked to comment on another department or individual be extremely careful in your answers (see narrative).
  - If documents/records are requested, provide them in a timely manner.
  - Never lie! But do not answer what you were not asked.
  - If issues/non-conformances are identified during inspection, ensure they are clearly understood and if possible rectify prior to inspection completion.



# Inspection

- All inspections are difficult in that they may highlight deficiencies.
- Obviously you must demonstrate compliance to the various regulations and these inspections if conducted correctly should be of assistance to you and your business. You know your business and assuming that you are a caring practitioner who is fully committed to the quality care of your residents and staff, no major issues should arise that will compromise your business.
- However during all inspections issues will manifest. When they arise do not lose your composure. Evaluate them for their impact and their criticality to the business. Identify what impact they will have on resident care as well as the cost implications for your business. However most importantly determine whether the inspector(s) observations/issues are based on facts (objective evidence).
- Some inspectors have a tendency to identify an issue and to consequently extrapolate from a specific to a general statement. This should be challenged. For example, a problem with one training record does not mean that all training records have a problem.
- It is essential that all observations/issues are verified there and then for their accuracy. If issues arise that can be rectified, address them and present them to the inspectors ideally prior to the closing meeting.
- In order to illicit information, inspectors have to ask questions. These are generally open questions; **Who, What, When, Where, How, Why**, followed by **Show Me!** It is important that you and your staff only answer the questions asked. If inspectors go outside their scope, and go into areas that are not relevant to the inspection, kindly inform them of this fact.
- If you or any of your staff members do not fully comprehend the question ask them to repeat the question. Answering a question that you do not fully understand gives rise to confusion and generally to incorrect conclusions. If you have staff where English is not their first language, consider requesting another member of staff with competent English to assist them (this will be at the discretion of the inspector).
- Where documentation files are requested by the inspector take a documented note of what is requested. Responsibility for maintaining such records should rest with a member of senior management and/or with the Assistant.
- If an inspector wishes to take any file/document away with him or her, note the exact reference of the file/document, record in the file register form (**Appendix 6**), sign it, and request the inspector to also sign it. Ensure it is stamped on each page as an **Inspector's Copy**.
- Where sufficient objective evidence is provided accept the findings. Where insufficient evidence is provided assertively indicate such to the inspectors and do not accept the findings. Such discussions with inspectors should be done in a forthright, assertive and logical manner and not in an emotional and hysterical manner.
- If asked to comment on another individual or department staff must be extremely careful in how they answer. Staff should never adversely comment on a fellow staff member or department. Any related questions or comments to staff by inspectors must be based on objective evidence and if this is not forthcoming they are under no obligation to answer.

# Inspection (Cont.)

- Some examples of inappropriate or leading questions would be;
  - “I believe <Name> is not very efficient. Is that correct?”
  - “You have a lot of problems with absenteeism, it must be very hard to manage? How do you cope?”
  - “I believe management do not hold regular communication sessions with staff? Is that correct?”
- All of these questions are subjective and before a staff member answers, the inspector must demonstrate what objective evidence he or she has to come to these conclusions.

## **D** Interim Meetings

**Note:**

***If the inspection is of a one day duration or less  
an interim meeting will not be necessary***

- **Interim meetings ideally should take place at the end of each inspection day between the inspectors and the designated management of the nursing home**
  - **Ensure that all issues relating to that day's inspection are clearly understood**
  - **Identify the seriousness of these issues with the inspectors**
  - **If possible, address these issues prior to the closing meeting**
  - **Reminder - Serious issues must only be based on objective evidence!**
- 
- These meetings normally take place at the end of each inspection day. They are designed to accurately determine what has occurred during the inspection day what objective evidence has been found and to determine a plan of action for the following day's inspection.
  - It is essential that all key management and staff are present for this meeting and that they fully understand and agree with what has been found. Where issues need to be addressed get a clear and unambiguous understanding as to what they are and if possible try to address these prior to the closing meeting. Refer to your copy of the relevant standards/legislation for clarity, where required.

## **E** Closing Meeting

- **Provide a proper meeting room for this meeting**
- **Ensure that all relevant management/staff are present**
- **Take detailed notes of what is said**
- **Inspectors will give feed back on the adequacy of actions taken with respect to your previous inspection (if any)**
- **Ensure that you understand all action items agreed with the Inspector and address in a timely manner.**

- This meeting will take place at the end of the inspection process. It allows the inspection team to articulate what they have observed and this should identify both the positive and negative observations.
- Assuming that the inspection process has been conducted as outlined in this document, - (opening meeting, use of Assistants, interim meeting etc), there should be no surprises at this meeting.
- From a Nursing Home point of view it is essential that any documents etc relating to particular issues are submitted to the inspector prior to this closing meeting.
- Ideally the same management staff who were present at the opening meeting should also be at the closing meeting and if additional staff members need to attend they should also be accommodated.
- Have copies of all the relevant standards and legislation at all meetings for your reference.
- The Lead Inspector normally leads this meeting and will give an overview of how the inspection went. Each inspector will then proceed to go through their individual observations in depth. It is extremely important to fully understand what is being said and to clearly comprehend the criticality that each inspector places on any given issue
- The inspector will critically evaluate whether you have adequately addressed all of the issues pertaining to your last inspection (if any). It is essential that you have addressed them in a full and comprehensive manner.
- At the end of the meeting, either agree with the findings and indicate an appropriate action(s) as well as a defined timetable to respond or if you disagree with the findings, say so, but your disagreement should be based on the inspectors lack of objective evidence.
- Take copious notes and retain them as part of the inspection trail.
- Thank the inspectors for their time and the approach they have taken; clarify what additional documents they may need; complete the file register of documents (Appendix 6) on any document/files that they require to take away and stamp each page as an **Inspector's Copy** and get some indication as to when the report will be issued. If the assessment process has not been satisfactory, assertively articulate what your concerns are.
- If the inspectors require additional data/documentation, stamp each page as an **Inspector's Copy**. If they have to be sent by post send them by registered post.

## **F** In House Evaluation

- **On inspection completion perform a review on how the inspection went (Appendix 7). Ideally this review should be managed by the proprietor of the Nursing Home.**
- **Allocate a member of management to co-ordinate Corrective Action**
- **Carry out the review within 24 hours of inspection completion**
- **Identify issues that went well and those that went poorly**
- **Activate a Corrective Action Review process to address these issues for future inspections (use Appendix 8 document to assist this process).**

- After each inspection it is imperative that a rigorous review of the inspection takes place. This process should examine the following:
  - A general review of how the inspection went
  - Issues that may have arisen and identify the root cause for each issue identified
- If you or the designated person responsible for inspection is sick or on holidays, it is important that another nominated individual has the authority to open the post and to review the report.
- Identify what was learnt from the experience and apply appropriate Corrective/Preventive actions to ensure that they do not re-occur.
- Ideally this investigatory process should take place within 24 hours on the completion of the inspection.
- Formal minutes of this evaluation should be held and one member of management should be held accountable to manage the process and ensure that whatever corrective/preventative action is required is carried out in a timely and professional manner. A post inspection report/document should be used to facilitate the recording of the main issues (Appendix 7).

# **Inspection Report**

- **Review report in detail and ensure that it accurately reflects the inspection**
- **Establish management team to review and report back to the Inspectorate**
- **Notify any inaccuracies to the Inspectorate**
- **Clarify/Agree all issues on the report**
- **Never agree to any issues unless you can adequately address them**
- **Remember it is your business and resident care is paramount.**

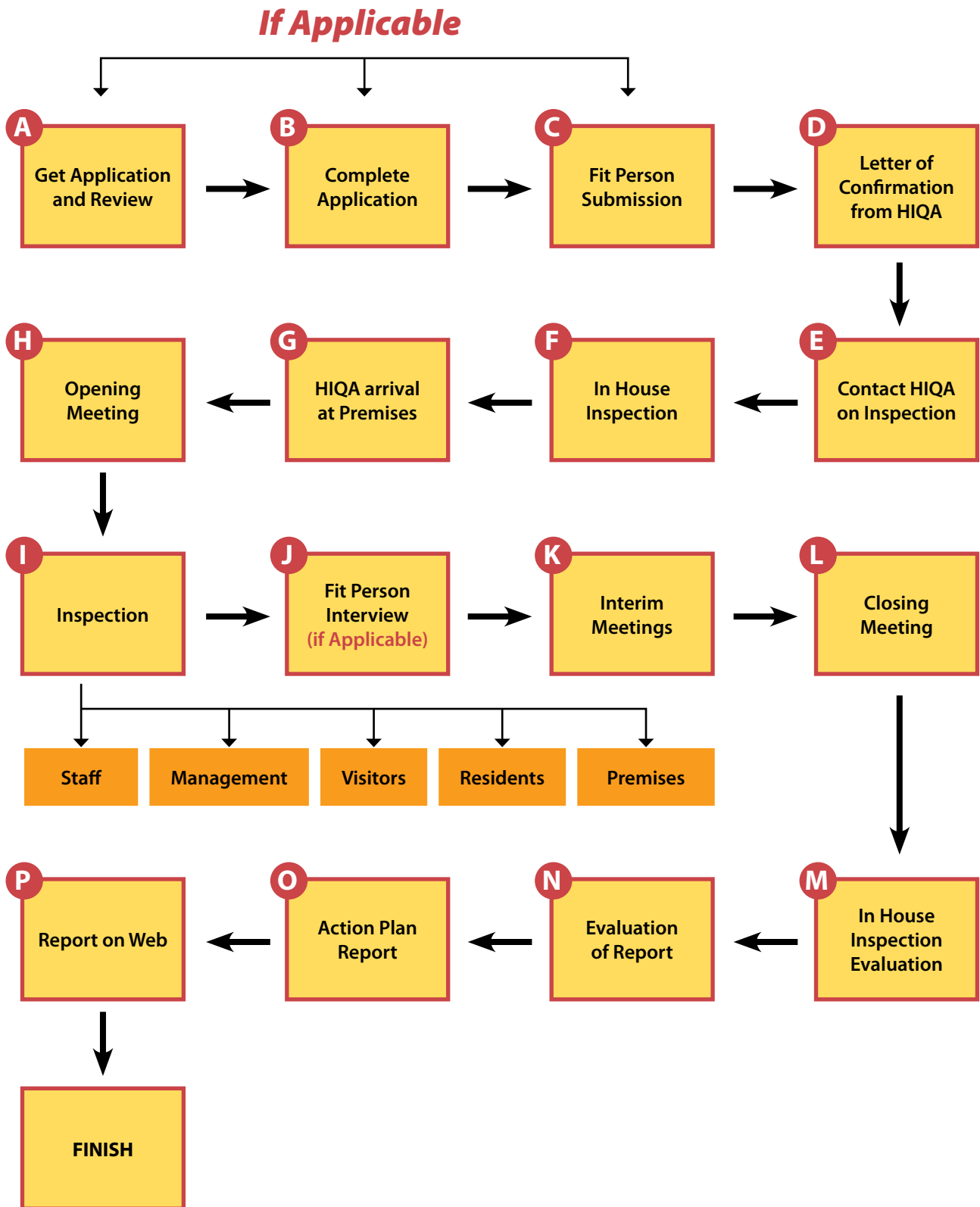
- The Inspection Report is a document issued by the Inspectors on the various issues raised during the inspection. The detail, content and spirit of the report should be in keeping with the Management ethos of the Nursing Home and all observations should be based on objective evidence.
- Issues that are based on objective evidence should be accepted with a detailed time based plan on how and when they will be addressed.
- Issues that you have difficulty with in that they are not clear, or inaccurate should be responded to in a clear precise manner and should not be accepted. Remember once you accept issues then you must rectify them. If you do not agree – again based on objective evidence – but you accept them you are adding additional management time as well as possibly adding costs to your business.
- If you or the designated person for inspection is sick or on holidays, it is important that another nominated individual has the authority to open the post and review the report.

# **Section 2**

## **HIQA Announced/ Registration Inspection**



# HIQA Process Flow





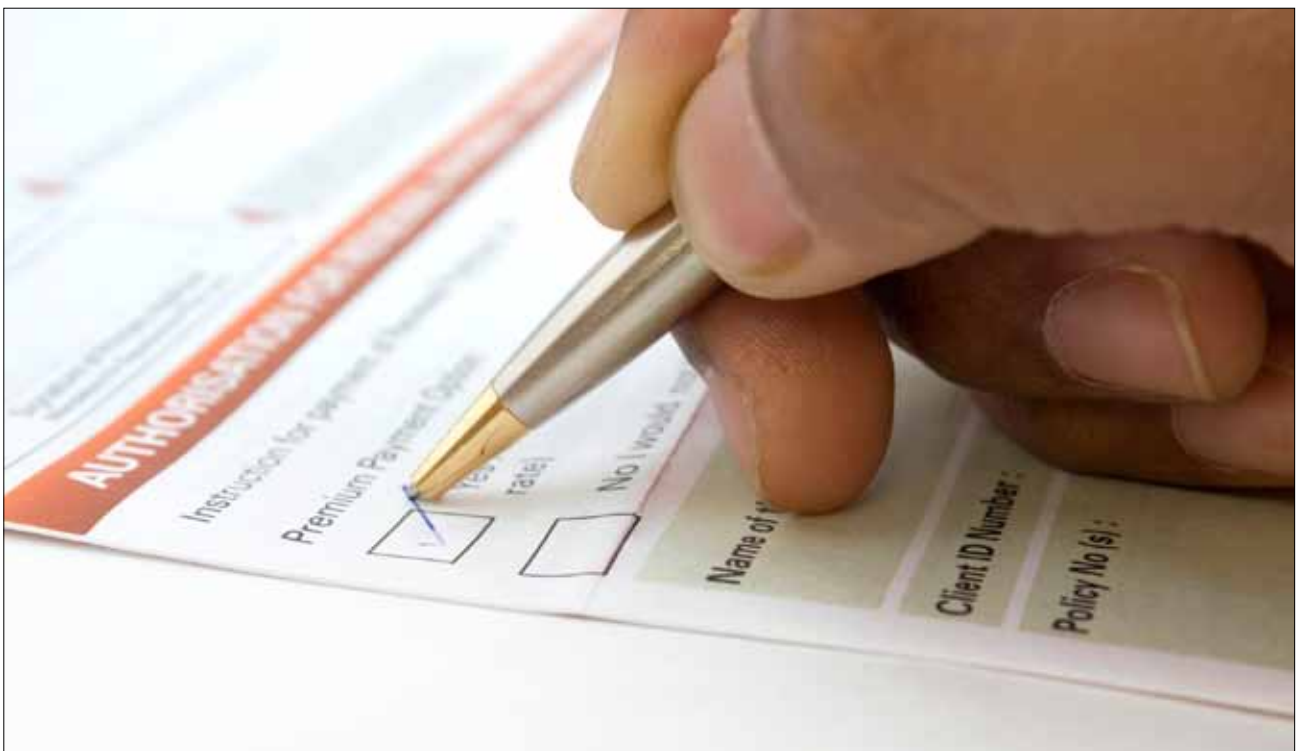
# HIQA Process Flow

- This process flow diagram identifies the key steps necessary to ensure that a HIQA inspection is carried out correctly. It maps the key process steps from initial contact with HIQA to registration or completion of announced inspection.
- In order for a nursing home to facilitate a successful inspection each of these steps must be followed. Obviously there may be slight interpretational variations depending on the size and complexity of each entity but it is strongly recommended that all nursing home owners and management acquaint themselves with each step and if variations to any steps are necessary they need to become quite comfortable as to the reasons why.
- This protocol has been developed to make the process as simple and as practical as possible. Each step has bullet point specifics as well as some narrative to assist you in the implementation of each step.
- Where possible sample forms have been provided and we would strongly recommend that you use them and when complete file them to assist you in maintaining an inspection trail.

## **A** Get Application

- **Ensure that one designated person is responsible to receive, manage and collate this application**
- **Review to ensure all relevant documentation is present**
- **Notify HIQA at the designated registration e-mail that you have received it.**

- It is important that one person is responsible to receive and manage the application process. This person should be a member of Senior Management and should have practical experience in dealing with outside agencies. It is also recommended that a deputy member of management is also appointed for this role.
- The management of external agencies and the performance of the inspection should be part of their appraisal process.



## **B** Complete Application

- **Complete application accurately. Refer to HIQA website - [www.hiqa.ie/resource-centre/care-providers/registration](http://www.hiqa.ie/resource-centre/care-providers/registration) - registration page for details. **Appendix 1** is a sample of information to assist you with the application**
- **Do not put information on the application that is not true or accurate**
- **Ensure all relevant documents are attached to application**
- **Timescale**
  - **8 weeks to complete**
- **Submission to be made by registered post or by courier**
- **Keep a copy of the application.**

- It is essential that prior to submission of the application all of the necessary documentation is complete and submitted correctly (see HIQA website [www.hiqa.ie/resource-centre/care-providers/registration](http://www.hiqa.ie/resource-centre/care-providers/registration)). **Appendix 1** is a sample of the HIQA checklist which accompanies the registration pack.
- When completing the application it must be filled in accurately and truthfully. Do not document something that is untrue. Such actions will cause you extreme difficulties during the inspection.
- When you have completed the application keep records of what has been submitted and send the completed application either by registered post or by courier. Keep your postal or courier receipt as a record.



## Fit Person Submission

- **Review Fit Person Entry Program with the Application Pack**
- **Complete the Fit Person Self Assessment Document.**

- When the Application Pack arrives, a Fit Person Entry Programme document will be included. This document will identify books, data and websites that HIQA would like you to be aware of and to read.
- HIQA will issue to you a Fit Person Self Assessment document which must be completed accurately and truthfully. It is important, in the completion of this document, that you are realistic with your statements and your timelines.
- It is important to remember that you are given 8 weeks to complete the Fit Person Self Assessment document and that this 8 week period starts once the Application Pack is sent.

## **HIQA Confirmation**

- **Letter of confirmation within 28 days from HIQA**
  - **Make reminder note to monitor and check dates**
  - **If not received, nominate a person to follow up with HIQA**
  - **Ensure that all queries/issues pertaining to application are addressed prior to inspection date.**
- 
- A letter of confirmation should be sent from HIQA to confirm that they have received your application. This should be done with 28 days (4 weeks) of your submission. If for any reason you have not received it within this time frame, it is essential that you contact HIQA to verify that your submission has arrived. If there are any issues address them without undue delay.



## **Contact HIQA on Inspection Date**

- **Verify with HIQA that date/dates are suitable**
  - **If the date is not suitable, try to re-arrange**
  - **Notify all management and staff of the date plus relevant outsource agencies**
  - **Identify key staff's availability for inspection date**
  - **Place a poster in a defined location for residents and visitors to notify them of the upcoming inspection**
  - **Circulate residents and family questionnaires and encourage them to be sent to HIQA in an expedient manner.**
- Prior to the actual inspection, it is essential that the dates for the inspection are agreed and that they are suitable for you. It is recognised that an inspection can occur at anytime but in order for their inspection process to be effective the dates of inspection must also be suitable to you. You must make every effort to accommodate the dates but if for any reason you or a key member of staff are unavailable, you must inform HIQA and negotiate a more suitable time.
  - If possible try and determine the names of the inspectors and try to illicit from them an approximate timetable. If this is forthcoming it will assist you in organising your staff and in the proper and efficient execution of the process.
  - Once the dates have been determined notify all of your staff and residents. This should be done in a calm, controlled manner and in a manner that will give confidence to staff. Displaying nervousness; expressing fear on the possibility of failure; threatening staff in the event of failure etc., is not good practice and will do nothing to facilitate a successful outcome. In fact it will probably do the opposite.
  - Doctors, pharmacists, etc should also be made aware of the inspection date and where appropriate you should put them on notice that you may need them during the inspection.

## **F** In-House Inspection

- **Prior to HIQA inspection, perform in-house inspection evaluation**
- **In-house checklist provided (Appendix 2)**
- **Person(s) who will perform in-house inspections to be trained**
- **Issues pertaining to inspection to be addressed in a timely manner prior to the main HIQA inspection**
- **Inspections to be done at least one month prior to HIQA inspection.**

- To adequately prepare for any inspection it is essential that a comprehensive in-house pre-inspection takes place.
- To assist in this activity it is necessary to use a pre-designed check list. (Appendix 2) This checklist should identify a series of questions that need to be asked and if the answers are in the negative a Corrective Action Review (CAR) (Appendix 8) needs to be established and action taken on the CAR prior to inspection by HIQA.
- In order to perform these inspections correctly, the following needs to be addressed
  - Senior Management need to be committed to ensure adequate time is given to carry out the inspections and a commitment by Management to rectify in an expedient manner any major issues emanating from the process.
  - Trained and competent inspectors. These inspectors need to have attributes that will make the inspections worthwhile. Experience has shown that if these inspections are not done properly they can become a paper filling exercise and add no value.
  - Ideally the attributes of the in-house inspectors need to be;
    - Members of the management team
    - Someone with common sense
    - Logical and organised in their approach
    - Have good communication skills with both managers and staff
    - Has genuine respect in the organisation
    - Has a basic understanding of risk and business acumen
    - Has the calmness and the ability to facilitate the external inspection if need be.
- Obviously all of these characteristics are difficult to get with any single individual but it is extremely important that the correct person(s) are identified
- It is recommended that in house inspectors be formally trained in how to perform in-house inspections. Records to demonstrate their training and competency to do such inspections should be maintained.

# In-House Inspection

## ***The Report***

The in house inspector should generate a summary report using the prescribed checklist as an aid. The summary report should address:

- Who performed the inspection
- Overall approach by the inspectors
- Risk issues identifying when they will be resolved and the name of the person to resolve them
- Overall summary identifying both strengths and weaknesses including the number of CAR's and their degree of criticality (refer to Glossary of Terms).





## HIQA Arrival at Premises

- ***Prior to inspection inform HIQA inspectors of***

- The exact location of the Nursing Home
- Contact telephone number plus email address
- Parking arrangements if applicable
- Security arrangements if applicable.

- ***On arrival***

- Welcome inspectors
- Look for appropriate ID
- Bring inspectors to designated room for opening meeting
- Tea/Coffee.

- Before HIQA arrive, you should be aware of the dates of the inspection as well as the number of inspectors who will conduct the inspection.
- Ensure that there is adequate car parking for them. Determine in advance their time of arrival and to educate them on the methods of entering the nursing home and the names of the person(s) who will meet them.
- Once they enter the premises ensure they complete the visitors book and escort them to the appropriate meeting room.
- During this initial meeting, it is essential that you are organised and in control and that all the activities are being carried out as normal. It is also preferable that all of the relevant managers/staff required are present and already in the room.

# Opening Meeting

- Introduce the members of your management team
- Get an explanation on the scope of the meeting and ensure it is understood by all
- Confirm the standard and inspection criteria to be used as the basis for the inspection. Have copies of all the relevant standards and legislation at all meetings for your reference
- Get an explanation of what each inspector will be looking at with an approximate timetable for the inspection
- Identify what your rules and regulations are pertaining to inspection (Appendix 3)
- Clarify the use of Assistants (Appendix 4)
- Get a short summary of the methods and procedures to be used to conduct the inspection by the inspectors
- Identify with the inspector how they plan to report their findings
- Clarify what the duration of each inspection day is. If at all possible the inspection should be done within normal office hours, except in specific circumstances
- Clarify any interim meetings which may be necessary
- Find out what time the closing meeting will be at - attempt to hold this meeting during normal office hours
- Confirm that the domestic arrangements for office, accommodation, meals etc., have been made
- Confirmation of relevant work safety, emergency and security procedures for the inspectors
- Arrange a tour of the premises
- Invite and answer any questions about the inspection
- Mention the confidentiality aspect of the inspection
- For soft copy documents note that access by inspectors will require management approval.

# Opening Meeting

- An opening meeting must take place. Ideally this should be held in a dedicated room. This room should be large enough to accommodate the numbers attending and where possible the layout of the room should facilitate such a meeting.
- Whilst it is possible that your staff may be nervous at this meeting, it is essential that senior managers are calm and do not display a sense of nervousness as this will transmit itself to other management and staff. Remember at this opening meeting you are trying to establish the ground rules for the assessment; to identify any problems and to rectify them prior to commencement.
- Who starts the meeting can cause some concern. It is recommended that respect is given to the Lead Inspector who is invited to commence the meeting by the proprietor of the Nursing Home or by a dedicated member of senior management.
- Ensure that you fully understand what is being said by the inspectors; what their scope is, and what they are trying to achieve. If you are unsure of anything pertaining to the inspection, get clarity. You should never leave this meeting without clearly understanding the scope, depth and duration of the inspection.
- When it comes to your turn, speak slowly and clearly. Articulate what your ground rules are (Appendix 3). If major problems arise that you feel will compromise the inspection ensure that they are addressed prior to commencement.
- During the meeting take copious notes of what has been said and agreed and these should be maintained as part of the inspection trail of documents.
- It is strongly recommended that as much documentation/files as possible is maintained in this room and that this room is used as a 'base camp' for the inspection. This compilation of information (Appendix 5) will greatly assist in the execution of the inspection and will demonstrate an organised approach to the inspection.
- It is important for management to get some indicative timetable of who they want to meet, etc., and to modify it with the agreement of the inspectors. If key staff cannot accommodate the schedule, communicate this reality to the inspectors and re-arrange. It is particularly important that an approximate time for the closing meeting is also established at the opening meeting.
- Indicate to the inspectors the availability or use of Assistants. Identify who they are and what they will do during the inspection. Assistants should be open-minded, mature and possess sound judgement; have the ability to perceive situations in a realistic way; to understand operations from a broad perspective and to understand the role of individual units within the organisation.

# **I** Inspection

## ***(a) Staff/Managers***

- **Facilitate inspection and co-operate in every way possible**
- **Ensure that rules of the inspection process are fully understood by staff**
  - **If staff/management do not understand a question, ask the inspector to repeat it**
  - **If asked to comment on another department or individual be careful in your answers (see narrative)**
  - **If documents/records are requested, provide them in a timely manner**
  - **Never lie! But do not answer what you were not asked**
  - **If issues/non-conformances are identified during inspection, ensure they are clearly understood and if possible rectify prior to inspection completion**

## ***(b) Residents***

- **Notify inspectors of any dependency with any residents they wish to interview**
- **Put the residents at ease with the process.**

# Inspection

- All inspections are difficult in that they may highlight deficiencies.
- Obviously you must demonstrate compliance to the various regulations and these inspections if conducted correctly should be of assistance to you and your business. You know your business and assuming that you are a caring practitioner who is fully committed to the quality care of your residents and staff, no major issues should arise that will compromise your business.
- However during all inspections issues will manifest. When they arise do not lose your composure. Evaluate them for their impact and their criticality to the business. Identify what impact they will have on resident care as well as the cost implications for your business. However most importantly determine whether the inspector(s) observations/issues are based on facts (objective evidence).
- Some inspectors have a tendency to identify an issue and to consequently extrapolate from a specific to a general statement. This should be challenged. For example, a problem with one training record does not mean that all training records have a problem.
- It is essential that all observations/issues are verified there and then for their accuracy. If issues arise that can be rectified, address them and present them to the inspectors ideally prior to the closing meeting.
- In order to illicit information, inspectors have to ask questions. These are generally open questions; **Who, What, When, Where, How, Why**, followed by **Show Me!** It is important that you and your staff only answer the questions asked. If inspectors go outside their scope, and go into areas that are not relevant to the inspection, kindly inform them of this fact.
- If you or any of your staff members do not fully comprehend the question ask them to repeat the question. Answering a question that you do not fully understand gives rise to confusion and generally to incorrect conclusions. If you have staff where English is not their first language, consider requesting another member of staff with competent English to assist them (this will be at the discretion of the inspector).
- Where documentation files are requested by the inspector take a documented note of what is requested. Responsibility for maintaining such records should rest with a member of senior management and/or with the Assistant.
- If an inspector wishes to take any file/document away with him or her, note the exact reference of the file/document, record in the file register form (**Appendix 6**), sign it, and request the inspector to also sign it. Ensure it is stamped on each page as an **Inspector's Copy**.
- Where sufficient objective evidence is provided accept the findings. Where insufficient evidence is provided assertively indicate such to the inspectors and do not accept the findings. Such discussions with inspectors should be done in a forthright, assertive and logical manner and not in an emotional and hysterical manner.
- If asked to comment on another individual or department staff must be extremely careful in how they answer. Staff should never adversely comment on a fellow staff member or department. Any related questions or comments to staff by inspectors must be based on objective evidence and if this is not forthcoming they are under no obligation to answer.

# Inspection (Cont.)

- Some examples of inappropriate or leading questions would be;
  - “I believe <Name> is not very efficient. Is that correct?”
  - “You have a lot of problems with absenteeism, it must be very hard to manage? How do you cope?”
  - “I believe management do not hold regular communication sessions with staff? Is that correct?”
- All of these questions are subjective and before a staff member answers, the inspector must demonstrate what objective evidence he or she has to come to these conclusions.
- Some examples of inappropriate or leading questions would be;
  - “I believe <Name> is not very efficient. Is that correct?”
  - “You have a lot of problems with absenteeism, it must be very hard to manage? How do you cope?”

## **J** Fit Person Interview

- **Hold an introduction meeting**
- **Conduct the meeting in an appropriate meeting room**
- **Bring own copy of Fit Person entry form + Regulations and Standards**
- **Prepare well in advance of interview**
- **Have someone to accompany you at meeting (this will be at the discretion of the Inspector)**
- **Take copious notes (optional)**
- **Be assertive. Do not be talked down to**
- **Clearly understand any major issues that arise**
- **Ensure documentation is provided in a timely manner**
- **At end of interview identify if there are any issues that need to be addressed.**



# Fit Person Interview

- This interview takes place with the Registered Provider and the Person in Charge of the nursing home. The objective of this interview is to determine the competency of the designated individual to properly run the establishment. By its very nature, this interview can be quite challenging and it is essential that you prepare properly for it.
- Provide an appropriate room for the interview. Ideally it should be a meeting room or office.
- If you think that you would like someone to accompany you at the interview ask the Inspector for permission to do so. Such a person should be of management and/or of secretarial status and should be someone you feel comfortable with.
- Either you or more preferably your companion at the meeting should take notes of what is being discussed and in particular of any major issues that may arise.
- Prior to the commencement of the Fit Person Interview hold a small introductory meeting using the opening meeting checklist provided earlier in this protocol.
- Ensure you have copies of the relevant submission and current copies of relevant regulations and Standards with you during your interview. It is permissible and indeed advisable to make references to these documents during your inspection if you so wish.
- A list of some typical questions that may be asked are provided in [Appendix 9](#).
- If you are the owner of more than one Nursing Home you will be interviewed on your fit person credentials with respect to each location. Please ensure that your answers cover your overall business ethos and should reflect your practices within each home.
- The structure and nature of the interview can be quite stressful even for the most experienced. You must feel confident in your role and you must be confident in your answers. The interviewee must demonstrate that he or she understands the responsibilities and is managing them appropriately. They must demonstrate a clear understanding of all relevant legislation and to requirements pertaining to the legislation by HIQA.
- Understanding and implementing appropriate policies is also essential. How the establishment recruit staff and how it verifies the calibre and competency of the Person in Charge (PIC) as well as other staff is essential to demonstrate.
- How the establishment understands and verifies risks is also important.
- If you do not understand any question say so and ask the inspector to repeat it.
- If at any time you find the conduct and/or tone of the inspector to be intimidatory, say so and assertively indicate your discomfort. You are also entitled to request a temporary break if you deem this appropriate.
- If documentation is required by the inspector, provide such documentation in a timely manner.
- Similar to other aspects of the inspection if there are problems that need to be addressed clearly determine what the precise nature of these problems are and get a clear understanding of the criticality of each issue.
- Only answer the questions asked.
- If the inspector wishes to take documents from the premises ensure the file register is signed by the inspector ([Appendix 6](#)). Stamp each page as an [Inspector's Copy](#).
- At the conclusion of the interview identify what issues have arisen and clearly understand their importance to your business and take notes as to what has been agreed. If you wish to ask the inspector as to whether you have passed or not you may do so. However, please be aware that the Inspector may not be in a position to inform you there and then.





# Interim Meetings

**Note:**

***If the inspection is of a one day duration or less  
an interim meeting will not be necessary***

- Interim meetings ideally should take place at the end of each inspection day between the inspectors and the designated management of the nursing home
  - Ensure that all issues relating to that day's inspection are clearly understood
  - Identify the seriousness of these issues with the inspectors
  - If possible, address these issues prior to the closing meeting
  - **Reminder** - Serious issues must only be based on objective evidence!
- 
- These meetings normally take place at the end of each inspection day. They are designed to accurately determine what has occurred during the inspection day what objective evidence has been found and to determine a plan of action for the following day's inspection.
  - It is essential that all key management and staff are present for this meeting and that they fully understand and agree with what has been found. Where issues need to be addressed get a clear and unambiguous understanding as to what they are and if possible try to address these prior to the closing meeting. Refer to your copy of the relevant standards/legislation for clarity, where required.

## **L** Closing Meeting

- Provide a proper meeting room for this meeting
- Ensure that all relevant management/staff are present
- Take detailed notes of what is said
- Inspectors must provide objective evidence for any improvements or actions required. If not challenge them
- Refer to 'Code of Conduct' reference in the HIQA document 'Registration and Inspection of Residential Care Settings for Older People in Ireland'
- If additional documents are required to be sent to HIQA agree to do so in a timely manner. Stamp as an **Inspector's Copy** on each page and if required to be sent by post do so by registered post. If sent by email keep a copy for evidence
- Ensure you obtain the 'Quality Improvement Questionnaire Document' from the inspectors
- Complete the "Quality Improvement Questionnaire Document" only when you agree with the Action Plan Report



# Closing Meeting

- This meeting will take place at the end of the inspection process. It allows the inspection team to articulate what they have observed and this should identify both positive and negative observations.
- Assuming that the inspection process has been conducted as outlined in this document, - (opening meeting, use of Assistants, interim meeting etc), there should be no surprises at this meeting.
- From a Nursing Home point of view it is essential that any documents etc relating to particular issues are submitted to the inspector prior to this closing meeting.
- Ideally the same management staff who were present at the opening meeting should also be at the closing meeting and if additional staff members need to attend they should also be accommodated.
- Have copies of all the relevant standards and legislation at all meetings for your reference.
- The Lead Inspector normally leads this meeting and will give an overview of how the inspection went. Each inspector will then proceed to go through their individual observations in depth. It is extremely important to fully understand what is being said and to clearly comprehend the criticality that each inspector place on any given issue.
- At the end of the meeting, either agree with the findings and indicate an appropriate action(s) as well as a defined timetable to respond or if you disagree with the findings, say so, but your disagreement should be based on the inspectors lack of objective evidence.
- Take copious notes and retain them as part of the inspection trail.
- Thank the inspectors for their time and the approach they have taken; clarify what additional documents they may need; complete the file register of documents (**Appendix 6**) on any document/files that they require to take away and get some indication as to when the report will be issued. Obtain a Quality Improvement Questionnaire document from the Inspectors. Complete and submit it to HIQA only after you have agreed with the Action Plan Report. If the assessment process has not been satisfactory, assertively articulate what your concerns are and ensure that this is documented in the Quality Improvement Questionnaire document – **see Escalation Process on Page 45.**
- If the inspectors require additional data/documentation, stamp each page as an **Inspector's Copy**. If they have to be sent by post send them by registered post.



## In-House Evaluation

- **On inspection completion perform a review on how the inspection went (Appendix 7). Ideally this review should be managed by the proprietor of the Nursing Home**
- **Allocate a member of management to co-ordinate Corrective Action**
- **Carry out the review within 24 hours of inspection completion**
- **Identify issues that went well and those that went poorly**
- **Activate a Corrective Action Review process to address these issues for future inspections (use Appendix 8 document to assist this process).**

- After each inspection it is imperative that a rigorous review of the inspection takes place. This process should examine the following;
  - A general review of how the inspection went
  - Issues that may have arisen and identify the root cause for each issue identified
- Identify what was learnt from the experience and apply appropriate Corrective/Preventive actions to ensure that they do not re-occur.
- Ideally this investigatory process should take place within 24 hours on the completion of the inspection.
- Formal minutes of this evaluation should be held and one member of management should be held accountable to manage the process and ensure that whatever corrective/preventative action is required is carried out in a timely and professional manner. A post inspection report/document should be used to facilitate the recording of the main issues (Appendix 7).
- If the Inspection Report has not been issued within 28 days contact HIQA to determine as to when you can expect it.



## Evaluation of Report

- **Review report in detail and ensure that it accurately reflects the inspection**
- **Establish a management team to review and report back to HIQA**
- **Issue Action Plan Report back to HIQA in a timely, accurate manner - Requirement is 10 working days.**

- When the report arrives it must reflect the objective evidence as agreed during the inspection. The detail of the report must be accurate and should contain no surprises.
- Forensically go through the report. Determine the validity of the report. Identify what issues require Corrective/Preventative Action and instigate an appropriate response.
- If there are issues that you do not agree with seek clarity from the inspectors as to their rationale and seek to verify if they can modify or delete these.



# Action Plan Report

- **Accuracy of report**
- **Notify any inaccuracies to HIQA**
- **Clarify/Agree all issues on the report**
- **Never agree to any issues unless you can adequately address them**
- **Remember it is your business and resident care is paramount**

- The Action Plan Report is a documented precise response by the Nursing Home to the various issues raised during the inspection. The detail, content and spirit of the report should be in keeping with the Management ethos of the Nursing Home.
- Issues that are based on objective evidence should be accepted with a detailed time based plan on how and when they will be addressed. Any time specific deadlines given should be realistic and appropriate to the criticality of the issues raised. Do not give unrealistic timelines!
- This Action Plan Report is a critical document and it is essential that all aspects of the report are validated prior to submission.
- If the inspection and the Action Plan Report is to your satisfaction complete the Quality Improvement Questionnaire document and send it to HIQA Email: [inspections@hiqa.ie](mailto:inspections@hiqa.ie) or post it to the relevant regional office. Retain a copy for evidence.
- Issues that you have difficulty with in that they are not clear, or inaccurate should be responded to in a clear precise manner and should not be accepted. Remember once you accept issues then you must rectify them. If you do not agree – again based on objective evidence – but you accept them you are adding additional management time as well as possibly adding costs to your business.

# Action Plan Report

## ***Escalation Process***

- Whilst it is recognised that there is no formal HIQA appeal process the following steps could be instigated if you believe that the inspection process was unfair or did not adequately reflect the quality of care you have in your Nursing Home.
  1. Complete the Quality Improvement Questionnaire document and ensure that your level of dissatisfaction with the inspection and/or with the report is reflected in this document. It is recommended by HIQA that you send this document to your relevant HIQA Regional Operations Manager.
  2. Where you have issues with the inspection, it is important that you do not submit an Action Plan Report as this will possibly compromise any subsequent action you may take. Clearly and precisely document in a report - Factual Inaccuracy Report - specific inaccuracies that you deem incorrect and submit this report to the HIQA Lead Inspector. It is essential that your comments are based on objective evidence and can be substantiated.
  3. If no meaningful action is being taken, based on 1 and 2 above, a request should be made to have a meeting with the Lead Inspector and the Regional Operations Manager of HIQA to discuss your concerns. If appropriate look for professional help to assist you and contact NHI for guidance.
  4. If there is no satisfactory outcome to your discussions you may have to take legal advice to evaluate what further action you may wish to take.

## **P** Report on Web

- Try to ensure that the report on the Web accurately reflects inspection findings and any agreed discussions you had with HIQA.

- It is desirable that HIQA notify the nursing home as to when the report will be posted on the web.
- Any information pertaining to your business that is displayed on the web is a reflection on how you run your organisation. Existing and potential residents or their next of kin will read this report and will form an opinion as to whether or not your Nursing Home is a reputable establishment.
- Management and owners of Nursing Homes must ensure that the report accurately represents their business, what was agreed with HIQA based on objective evidence and that all issues that required clarification have been addressed.
- If this has not happened they must outline in a documented manner where the inaccuracies are and they must be prepared to defend them in whatever channel is available to them. See Escalation Process on Page 45.



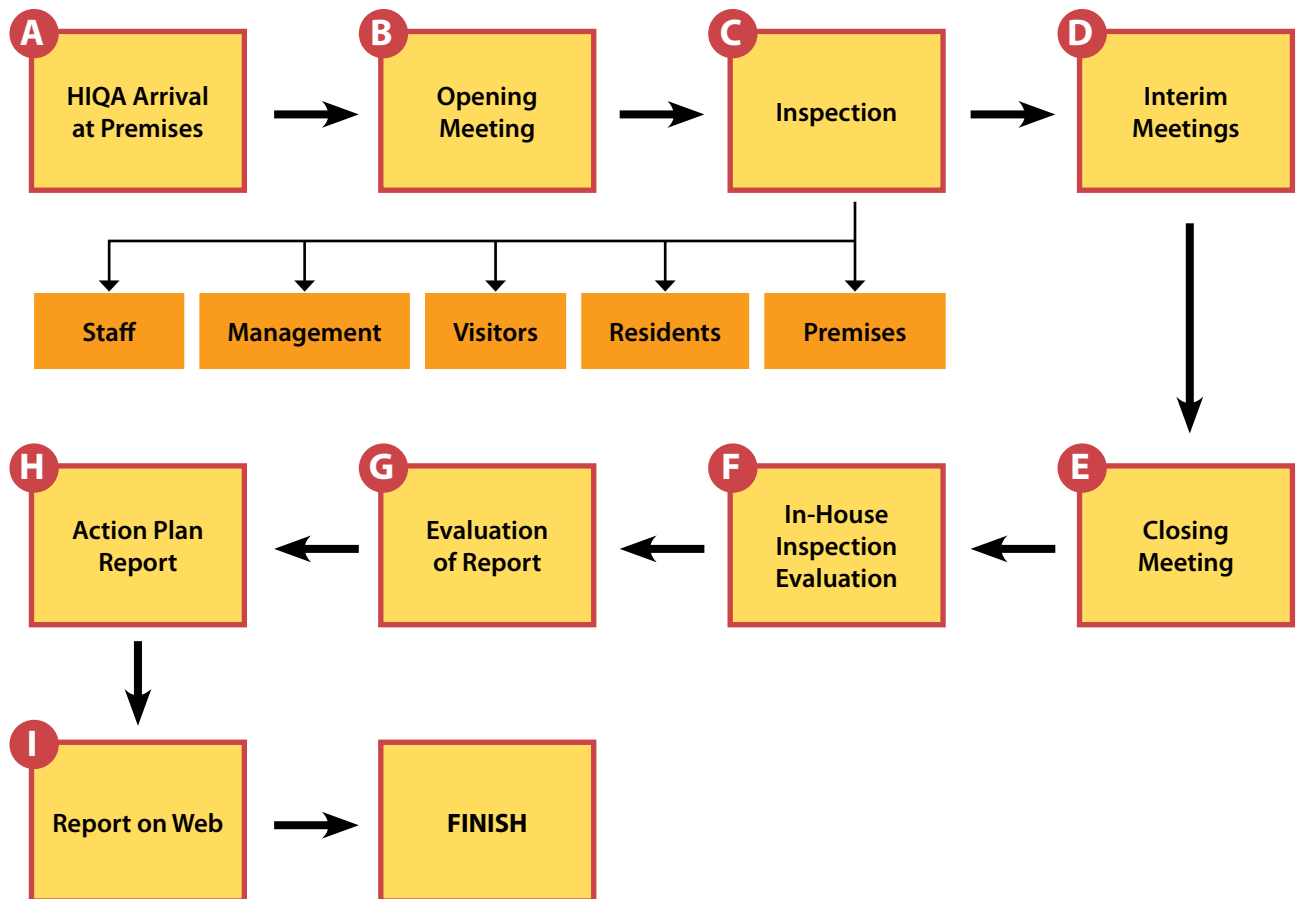


# **Section 3**

## **HIQA Unannounced Inspection**



# HIQA Process Flow





## HIQA Arrival at Premises

### ***On Arrival***

- Welcome inspectors
  - Look for appropriate ID
  - Bring inspectors to designated room for opening meeting
  - Tea/Coffee
- Once the Inspector(s) enter the premises ensure they complete the visitors book and escort them to the appropriate meeting room.
  - During this initial meeting, it is essential that you are organised and in control and that all the activities are being carried out as normal. It is also preferable that all of the relevant managers/staff required are present and already in the room.

## **B** Opening Meeting

- Introduce the members of your management team
- Get an explanation on the scope of the meeting and ensure it is understood by all
- Confirm the standard and inspection criteria to be used as the basis for the inspection. Have copies of all the relevant standards and legislation at all meetings for your reference
- Get an explanation of what each inspector will be looking at with an approximate timetable for the inspection
- Identify what your rules and regulations are pertaining to inspection (Appendix 3)
- Clarify the use of Assistants (Appendix 4)
- Get a short summary of the methods and procedures to be used to conduct the inspection by the inspectors
- Identify with the inspector how they plan to report their findings
- Clarify what the duration of each inspection day is. If at all possible the inspection should be done within normal office hours, except in specific circumstances
- Clarify any interim meetings which may be necessary
- Find out what time the closing meeting will be at - attempt to hold this meeting during normal office hours
- Confirm that the domestic arrangements for office, accommodation, meals etc., have been made
- Confirmation of relevant work safety, emergency and security procedures for the inspectors
- Arrange a tour of the premises
- Invite and answer any questions about the inspection
- Mention the confidentiality aspect of the inspection
- For soft copy documents note that access by inspectors will require management approval.

## **B** Opening Meeting

- An opening meeting must take place. Ideally this should be held in a dedicated room. This room should be large enough to accommodate the numbers attending and where possible the layout of the room should facilitate such a meeting.
- Whilst it is possible that your staff may be nervous at this meeting, it is essential that senior managers are calm and do not display a sense of nervousness as this will transmit itself to other management and staff. Remember at this opening meeting you are trying to establish the ground rules for the assessment; to identify any problems and to rectify them prior to commencement.
- Who starts the meeting can cause some concern. It is recommended that respect is given to the Lead Inspector who is invited to commence the meeting by the proprietor of the Nursing Home or by a dedicated member of senior management.
- Ensure that you fully understand what is being said by the inspectors; what their scope is, and what they are trying to achieve. If you are unsure of anything pertaining to the inspection, get clarity. You should never leave this meeting without clearly understanding the scope, depth and duration of the inspection.
- When it comes to your turn, speak slowly and clearly. Articulate what your ground rules are (Appendix 3). If major problems arise that you feel will compromise the inspection ensure that they are addressed prior to commencement.
- During the meeting take copious notes of what has been said and agreed and these should be maintained as part of the inspection trail of documents.
- It is strongly recommended that as much documentation/files as possible is maintained in this room and that this room is used as a 'base camp' for the inspection. This compilation of information (Appendix 5) will greatly assist in the execution of the inspection and will demonstrate an organised approach to the inspection.
- It is important for management to get some indicative timetable of who they want to meet, etc., and to modify it with the agreement of the inspectors. If key staff cannot accommodate the schedule, communicate this reality to the inspectors and re-arrange. It is particularly important that an approximate time for the closing meeting is also established at the opening meeting.
- Indicate to the inspectors the availability or use of Assistants. Identify who they are and what they will do during the inspection. Assistants should be open-minded, mature and possess sound judgement; have the ability to perceive situations in a realistic way; to understand operations from a broad perspective and to understand the role of individual units within the organisation.

# **Inspection**

## ***(a) Staff/Managers***

- Facilitate inspection and co-operate in every way possible
- Ensure that rules of the inspection process are fully understood by staff
  - If staff/management do not understand a question, ask the inspector to repeat it
  - If asked to comment on another department or individual be extremely careful with your response (see narrative)
  - If documents/records are requested, provide them in a timely manner
  - Never lie! But do not answer what you were not asked
  - If issues/non-conformances are identified during inspection, ensure they are clearly understood and if possible rectify prior to inspection completion.

## ***(b) Residents***

- Notify inspectors of any dependency with any residents they wish to interview
- Put the residents at ease with the process.

# Inspection

- All inspections are difficult in that they may highlight deficiencies.
- Obviously you must demonstrate compliance to the various regulations and these inspections if conducted correctly should be of assistance to you and your business. You know your business and assuming that you are a caring practitioner who is fully committed to the quality care of your residents and staff, no major issues should arise that will compromise your business.
- However during all inspections issues will manifest. When they arise do not lose your composure. Evaluate them for their impact and their criticality to the business. Identify what impact they will have on resident care as well as the cost implications for your business. However most importantly determine whether the inspector(s) observations/issues are based on facts (objective evidence).
- Some inspectors have a tendency to identify an issue and to consequently extrapolate from a specific to a general statement. This should be challenged. For example, a problem with one training record does not mean that all training records have a problem.
- It is essential that all observations/issues are verified there and then for their accuracy. If issues arise that can be rectified, address them and present them to the inspectors ideally prior to the closing meeting.
- In order to illicit information, inspectors have to ask questions. These are generally open questions; **Who, What, When, Where, How, Why**, followed by **Show Me!** It is important that you and your staff only answer the questions asked. If inspectors go outside their scope, and go into areas that are not relevant to the inspection, kindly inform them of this fact.
- If you or any of your staff members do not fully comprehend the question ask them to repeat the question. Answering a question that you do not fully understand gives rise to confusion and generally to incorrect conclusions. If you have staff where English is not their first language, consider requesting another member of staff with competent English to assist them (this will be at the discretion of the inspector).
- Where documentation files are requested by the inspector take a documented note of what is requested. Responsibility for maintaining such records should rest with a member of senior management and/or with the Assistant.
- If an inspector wishes to take any file/document away with him or her, note the exact reference of the file/document, record in the file register form (**Appendix 6**), sign it, and request the inspector to also sign it. Ensure it is stamped on each page as an **Inspector's Copy**.
- Where sufficient objective evidence is provided accept the findings. Where insufficient evidence is provided assertively indicate such to the inspectors and do not accept the findings. Such discussions with inspectors should be done in a forthright, assertive and logical manner and not in an emotional and hysterical manner.
- If asked to comment on another individual or department staff must be extremely careful in how they answer. Staff should never adversely comment on a fellow staff member or department. Any related questions or comments to staff by inspectors must be based on objective evidence and if this is not forthcoming they are under no obligation to answer.

# Inspection (Cont.)

- Some examples of inappropriate or leading questions would be;
  - “I believe <Name> is not very efficient. Is that correct?”
  - “You have a lot of problems with absenteeism, it must be very hard to manage? How do you cope?”
  - “I believe management do not hold regular communication sessions with staff? Is that correct?”
- All of these questions are subjective and before a staff member answers, the inspector must demonstrate what objective evidence he or she has to come to these conclusions.



## **D** Interim Meeting

**Note:**

***If the inspection is of a one day duration or less  
an interim meeting will not be necessary***

- Interim meetings ideally should take place at the end of each inspection day between the inspectors and the designated management of the nursing home
  - Ensure that all issues relating to that day's inspection are clearly understood
  - Identify the seriousness of these issues with the inspectors
  - If possible, address these issues prior to the closing meeting
  - **Reminder** - Serious issues must only be based on objective evidence!!!
- 
- These meetings normally take place at the end of each inspection day. They are designed to accurately determine what has occurred during the inspection day what objective evidence has been found and to determine a plan of action for the following day's inspection.
  - It is essential that all key management and staff are present for this meeting and that they fully understand and agree with what has been found. Where issues need to be addressed get a clear and unambiguous understanding as to what they are and if possible try to address these prior to the closing meeting. Refer to your copy of the relevant standards/legislation for clarity, where required.

## **E** Closing Meeting

- Provide a proper meeting room for this meeting
- Ensure that all relevant management/staff are present
- Take detailed notes of what is said
- Inspectors must provide objective evidence for any improvements or actions required. If not challenge them
- Refer to 'Code of Conduct' reference in the HIQA document 'Registration and Inspection of Residential Care Settings for Older People in Ireland'
- If additional documents are required to be sent to HIQA agree to do so in a timely manner. Stamp as an **Inspector's Copy** on each page and if required to be sent by post do so by registered post. If sent by email keep a copy for evidence
- Ensure you obtain the 'Quality Improvement Questionnaire Document' from the inspectors
- Complete the 'Quality Improvement Questionnaire Document' only when you agree with the Action Plan Report



# Closing Meeting

- This meeting will take place at the end of the inspection process. It allows the inspection team to articulate what they have observed and this should identify both positive and negative observations.
- Assuming that the inspection process has been conducted as outlined in this document, - (opening meeting, use of Assistants, interim meeting etc), there should be no surprises at this meeting.
- From a Nursing Home point of view it is essential that any documents etc relating to particular issues are submitted to the inspector prior to this closing meeting.
- Ideally the same management staff who were present at the opening meeting should also be at the closing meeting and if additional staff members need to attend they should also be accommodated.
- Have copies of all the relevant standards and legislation at all meetings for your reference.
- The Lead Inspector normally leads this meeting and will give an overview of how the inspection went. Each inspector will then proceed to go through their individual observations in depth. It is extremely important to fully understand what is being said and to clearly comprehend the criticality that each inspector places on any given issue.
- At the end of the meeting, either agree with the findings and indicate an appropriate action(s) as well as a defined timetable to respond or if you disagree with the findings, say so, but your disagreement should be based on the inspectors lack of objective evidence.
- Take copious notes and retain them as part of the inspection trail.
- Thank the inspectors for their time and the approach they have taken; clarify what additional documents they may need; complete the file register of documents (**Appendix 6**) on any document/files that they require to take away and get some indication as to when the report will be issued. Obtain a Quality Improvement Questionnaire document from the Inspectors. Complete and submit it to HIQA only after you have agreed with the Action Plan Report. If the assessment process has not been satisfactory, assertively articulate what your concerns are and ensure that this is documented in the Quality Improvement Questionnaire document – **see Escalation Process on Page 45.**
- If the inspectors require additional data/documentation, stamp each page as an **Inspector's Copy**. If they have to be sent by post send them by registered post.

## **F** In-House Inspection Evaluation

- On inspection completion perform a review on how the inspection went (**Appendix 7**). Ideally this review should be managed by the proprietor of the Nursing Home
  - Allocate a member of management to co-ordinate Corrective Action
  - Carry out the review within 24 hours of inspection completion
  - Identify issues that went well and those that went poorly
  - Activate a Corrective Action Review process to address these issues for future inspections (use **Appendix 8** document to assist this process).
- 
- After each inspection it is imperative that a rigorous review of the inspection takes place. This process should examine the following;
    - A general review of how the inspection went
    - Issues that may have arisen and identify the root cause for each issue identified
  - Identify what was learnt from the experience and apply appropriate Corrective/Preventive actions to ensure that they do not re-occur.
  - Ideally this investigatory process should take place within 24 hours on the completion of the inspection.
  - Formal minutes of this evaluation should be held and one member of management should be held accountable to manage the process and ensure that whatever corrective/preventative action is required is carried out in a timely and professional manner. A post inspection report/document should be used to facilitate the recording of the main issues (**Appendix 7**).
  - If the Inspection Report has not been issued within 28 days contact HIQA to determine as to when you can expect it.



# Evaluation of Report

- Review report in detail and ensure that it accurately reflects the inspection
- Establish a management team to review and report back to HIQA
- Issue Action Plan Report back to HIQA in a timely, accurate manner - Requirement is 10 working days.

- When the report arrives it must reflect the objective evidence as agreed during the inspection. The detail of the report must be accurate and should contain no surprises.
- Forensically go through the report. Determine the validity of the report. Identify what issues require Corrective/Preventative Action and instigate an appropriate response.
- If there are issues that you do not agree with seek clarity from the inspectors as to their rationale and seek to verify if they can modify or delete these.
- If you or the designated person responsible for HIQA inspection is sick or on holidays, it is important that another nominated individual has the authority to open the post and to review the report.



# Action Plan Report

- **Accuracy of report**
- **Notify any inaccuracies to HIQA**
- **Clarify/Agree all issues on the report**
- **Never agree to any issues unless you can adequately address them**
- **Remember it is your business and resident care is paramount.**

- The Action Plan Report is a documented precise response by the Nursing Home to the various issues raised during the inspection. The detail, content and spirit of the report should be in keeping with the Management ethos of the Nursing Home.
- Issues that are based on objective evidence should be accepted with a detailed time based plan on how and when they will be addressed. Any time specific deadlines given should be realistic and appropriate to the criticality of the issues raised. Do not give unrealistic timelines!!!
- This Action Plan Report is a critical document and it is essential that all aspects of the report are validated prior to submission.
- If the inspection and the Action Plan Report is to your satisfaction complete the Quality Improvement Questionnaire document and send it to HIQA Email: [inspections@hiqa.ie](mailto:inspections@hiqa.ie) or post it to the relevant regional office. Retain a copy for evidence.
- Issues that you have difficulty with in that they are not clear, or inaccurate should be responded to in a clear precise manner and should not be accepted. Remember once you accept issues then you must rectify them. If you do not agree – again based on objective evidence – but you accept them you are adding additional management time as well as possibly adding costs to your business.

# Action Plan Report

## ***Escalation Process***

- Whilst it is recognised that there is no formal HIQA appeal process the following steps could be instigated if you believe that the inspection process was unfair or did not adequately reflect the quality of care you have in your Nursing Home.
  1. Complete the Quality Improvement Questionnaire document and ensure that your level of dissatisfaction with the inspection and/or with the report is reflected in this document. It is recommended by HIQA that you send this document to your relevant HIQA Regional Operations Manager.
  2. Where you have issues with the inspection, it is important that you do not submit an Action Plan Report as this will possibly compromise any subsequent action you may take. Clearly and precisely document in a report - Factual Inaccuracy Report - specific inaccuracies that you deem incorrect and submit this report to the HIQA Lead Inspector. It is essential that your comments are based on objective evidence and can be substantiated.
  3. If no meaningful action is being taken, based on 1 and 2 above, a request should be made to have a meeting with the Lead Inspector and the Regional Operations Manager of HIQA to discuss your concerns. If appropriate look for professional help to assist you and contact NHI for guidance.
  4. If there is no satisfactory outcome to your discussions you may have to take legal advice to evaluate what further action you may wish to take.

## **I** Report on Web

- Try to ensure that the report on the Web accurately reflects inspection findings and any agreed discussions you had with HIQA.

- It is desirable that HIQA notify the nursing home as to when the report will be posted on the web.
- Any information pertaining to your business that is displayed on the web is a reflection on how you run your organisation. Existing and potential residents or their next of kin will read this report and will form an opinion as to whether or not your Nursing Home is a reputable establishment.
- Management and owners of Nursing Homes must ensure that the report accurately represents their business, what was agreed with HIQA based on objective evidence and that all issues that required clarification have been addressed.
- If this has not happened they must outline in a documented manner where the inaccuracies are and they must be prepared to defend them in whatever channel is available to them. See Escalation Process on Page 45.





# Section 4 Appendices

<b>Appendix 1</b>	Application details
<b>Appendix 2</b>	Inspectors check list
<b>Appendix 3</b>	Rules of Inspection
<b>Appendix 4</b>	Inspection Assistants
<b>Appendix 5</b>	Library of Documentation for Opening Meeting
<b>Appendix 6</b>	Document File Register
<b>Appendix 7</b>	Post Inspection Evaluation
<b>Appendix 8</b>	Corrective Action Review - CAR
<b>Appendix 9</b>	Typical Questions at Fit Person interview



# Appendix 1



## Documentation checklist

Before sending your application, please ensure you have enclosed the items below. Incomplete applications will be returned to sender for completion and shall not be processed until such time as all the requested information is received by the Registration Office. To avoid delays please make sure you send us all the completed forms and required documentation.

### Information about the person responsible for the application

Checklist	Document	For official use
<input type="checkbox"/>	Proof of identity, including a recent photograph (i.e. passport or driver's licence)	<input type="checkbox"/>
<input type="checkbox"/>	Self-declaration form	<input type="checkbox"/>

### Information about the person in charge

Checklist	Document	For official use
<input type="checkbox"/>	Proof of identity, including a recent photograph (i.e. passport or driver's licence)	<input type="checkbox"/>
<input type="checkbox"/>	A copy of the person in charge's birth certificate	<input type="checkbox"/>
<input type="checkbox"/>	Completed Garda Síochána vetting form	<input type="checkbox"/>
<input type="checkbox"/>	Three completed reference forms, from people who are not relatives, including a reference from most recent employer, (not including current employer), who can attest to the suitability to be the person in charge of a designated centre	<input type="checkbox"/>
<input type="checkbox"/>	A copy of documentary evidence of any relevant professional qualifications or relevant accredited training	<input type="checkbox"/>
<input type="checkbox"/>	Completed medical declaration form	<input type="checkbox"/>
<input type="checkbox"/>	Self-declaration form	<input type="checkbox"/>
<input type="checkbox"/>	"Verification of reasons why the employment or position ended" form	<input type="checkbox"/>

# Appendix 1

## Information about other persons who participate in the management of the centre

Checklist	Document	For official use
<input type="checkbox"/>	Proof of identity, including a recent photograph (i.e. passport or driver's licence)	<input type="checkbox"/>
<input type="checkbox"/>	A copy of each person's birth certificate	<input type="checkbox"/>
<input type="checkbox"/>	Completed Garda Síochána vetting form	<input type="checkbox"/>
<input type="checkbox"/>	Three completed reference forms, from people who are not relatives, including a reference from most recent employer, (not including current employer), who can attest to the suitability to be involved in the management of a designated centre	<input type="checkbox"/>
<input type="checkbox"/>	A copy of documentary evidence of any relevant professional qualifications or relevant accredited training	<input type="checkbox"/>
<input type="checkbox"/>	Completed medical declaration form	<input type="checkbox"/>
<input type="checkbox"/>	Self-declaration form	<input type="checkbox"/>
<input type="checkbox"/>	"Verification of reasons why the employment or position ended" form	<input type="checkbox"/>

## Additional documentation required

Checklist	Document	For official use
<input type="checkbox"/>	Fit-person Entry Programme Self-assessment	<input type="checkbox"/>
<input type="checkbox"/>	A copy of the statement of purpose compiled in accordance with Article 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	<input type="checkbox"/>
<input type="checkbox"/>	Declaration of Compliance with Statutory Requirements Relating to Fire Safety and Building Control	<input type="checkbox"/>
<input type="checkbox"/>	A copy of any contracts of insurance taken out in accordance with Article 26 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009	<input type="checkbox"/>
<input type="checkbox"/>	A copy of the written guide produced for residents in accordance with Article 21 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and an example of any brochure or advertisement used or to be used for the designated centre	<input type="checkbox"/>
<input type="checkbox"/>	2 copies of final as-built floor plans to scale	<input type="checkbox"/>
<input type="checkbox"/>	A summary of the complaints procedure operating in your centre	<input type="checkbox"/>
<input type="checkbox"/>	Application declaration form	<input type="checkbox"/>

# Appendix 1

## Fees<sup>1</sup>

Checklist	Fees confirmation	For official use
<input type="checkbox"/>	I have paid the Registration Fee of €500 by electronic funds transfer (EFT)	<input type="checkbox"/>

### How to pay

The registration fee must be paid by electronic funds transfer (EFT). The bank details for the EFT payment are as follows:

**Account name:** Health Information and Quality Authority

**Bank sort code:** 98-54-90

**Account number:** 01002186

**Bank name and address:**

Ulster Bank Ltd.

Midleton-Cork Branch

95 Main Street

Midleton

Co Cork

For more information, contact [registrationapplications@higa.ie](mailto:registrationapplications@higa.ie)

<sup>1</sup> You are required to pay a fee when applying for registration with the Health Information and Quality Authority. The registration fee is €500 and is payable once every three years (at registration or re-registration stage) under Article 4 (4) of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009. An application for registration is not complete unless the fee is paid, pursuant to Article 4 (5) of the Health Act 2007 (Registration of Designated Centres for Older People Regulations 2009).

## Appendix 2

### In House Inspectors Check List

Page of			
Process/Area		Comments	CAR No.
Requirement to be checked	Conformance		

# Appendix 2

## Guidance Notes

- |                                     |  |
|-------------------------------------|--|
| <b>1. Process/Area</b>              | This refers to the process or area which is being inspected. (eg. Process could be "Care Plan Management" and Area could be the "Kitchen Area")  |
| <b>2. Page</b>                      | This refers to each page of the Checklist.   |
| <b>3. Requirement to be checked</b> | This identifies what questions to ask pertaining to compliance to a policy or regulation. (eg. Where do you keep Care Plan Records?)   |
| <b>4. Conformance</b>               | This identifies whether the answer to each specific question conforms or not. To denote conformance put the letter C there and to denote a non-conformance put an NC there.  |
| <b>5. Comments</b>                  | This relates to any additional information the Inspector may wish to note. (eg. Appears to comply but we may need to look at this in more detail at the next inspection.)  |
| <b>10. CAR No.</b>                  | A Corrective Action Review (CAR) document will be generated where a non-conformance has been identified and where there is a need for action to be taken to address it. Each non-conformity will be documented in a CAR form and each CAR will be assigned a unique sequential number. |

# Appendix 3

## Rules of Inspection

### **Generic**

- Assistants will be provided
- Any documentation taken out of the premises will have to be signed out and stamped as an **Inspector's Copy** on each page
- Any issues identified by the inspectors will have to be discussed immediately or at the interim/closing meetings
- Inspector(s) must comply with Health and Safety legislation
- Inspectors must provide an approximate timetable/schedule as to when they plan to interview Management, Staff and Residents
- Inspectors should indicate an approximate time for the closing meeting and the Nursing Home management should indicate what staff members they would like to be present at that meeting.

### **HIQA Specific**

- The Nursing Home will provide a dependency profile of each resident to inspectors. This is to assist the inspectors to clearly understand the unique needs/preferences of each resident and it is expected that the inspector will take this into account when speaking to residents and in particular to the answers they may give them.

**Note: This is not an exhaustive list and other rules may be appropriate depending on the nature and complexity of each Nursing Home.**

# Appendix 4

## Inspection Assistants

- Provide any special clothing the Inspector may need to visit an area.
- Notify all personnel – ensure all employees are aware of the Inspector and why the Inspection is taking place.
- Educate all staff on the process of inspection
- Ensure that the inspector complies with rules of inspection. These may include Health and Safety, Confidentiality, Clothing, Breaks etc.
- Avoid interruptions to the Inspection. Where possible avoid interrupting the Inspectors or persons whilst they are being interviewed.
- Give positive constructive answers.
- Explain the organisation's system for meeting the requirements of the Standards and how it works in practice.
- Avoid direct confrontation.
- If you are unsure about a question, say so and refer the Inspector to somebody who has the information.
- Be careful but don't volunteer unnecessary information. Unsolicited information may needlessly complicate the Inspection process. Only volunteer information if it will help the Inspector out of a misunderstanding or will clear up what appears to be non-conformity.
- If a staff member is having difficulty understanding a question, assist the staff member by bringing clarity to it. Only do so with the permission of the Inspector.



# Appendix 5

## Library of Documentation for Opening Meeting

**Note: This is specifically for HIQA inspections.**

- Completed application form
- HIQA information folder
- Garda clearance forms for all staff
- Statement of Purpose and Function
- References for all staff
- All relevant legislative documents
- Nursing Home Specific Policies and Procedures
- Emergency Plan
- Complaints Register Folder
- Incident reports and audits
- Completed HIQA Notification Forms
- Risk Register
- Residents/Relatives Questionnaires
- Resident Register and list of dependencies
- Staffing levels - Actual and planned Roster
- Staff Training files
- All Previous statutory inspection reports
- Current Nursing Home Registration Certificate
- Equipment Service/Maintenance records
- Fire Safety Equipment Certificate
- Records of Fire Drills
- Clinical Waste Disposal Certificate
- Company Insurance Certificate

## Appendix 5

- Copies of active professional registration
- List of people who have died since the last inspection
- Bed Profile - Contract, DDI, Fair Deal, Private, Winter Initiative
- Staff Personnel Files
- Floor plans to include room sizes, number of toilets, showers, sitting rooms etc.

**Note:** This is not an exhaustive list and other documents may be required depending on the nature and complexity of each Nursing Home.

## Appendix 6

# DOCUMENT FILE REGISTER

[illegible]

# Appendix 6

## Guidance Notes

<b>1. Date</b>	This refers to the date on which the relevant documentation is being issued.
<b>2. Name of Documents/Files</b>	This refers to the names of the relevant documents or files which have been issued.
<b>3. Location</b>	This relates to where the file or documents are physically located.
<b>4. Issued by</b>	This identifies the name and the signature of the person in the Nursing Home who is issuing the documents or files to the relevant Inspectorate.
<b>5. Issued to</b>	This identifies the name and the signature of the person whom the documents are being issued to.
<b>6. Comments</b>	This refers to any relevant comments made by the representative of the Nursing Home pertaining to the issue of the relevant files and/or documents.

# Appendix 7

## In House Evaluation

Nursing Home: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Inspector(s): \_\_\_\_\_

Activity	Comments	CAR No.
Pre-Inspection Activities		
Opening Meeting		
Inspection		
Interim Meetings		
Closing Meeting		
Learning Points		

# Appendix 7

## Guidance Notes

<b>1. Nursing Home</b>	This refers to the name of the relevant Nursing Home.
<b>2. Date of Inspection</b>	This refers to the date of the Post Inspection Evaluation.
<b>3. Inspector(s)</b>	This denotes the name(s) of the external Inspector(s) who performed the inspection.
<b>4. Pre-Inspection Activities</b>	This relates to the performance of activities prior to the commencement of inspection. Such activities could include completion of pre-inspection documentation, correspondence with the inspectors, in house inspection, inspector(s) arrival at the premises or any other relevant activities prior to the opening meeting.
<b>5. Opening Meeting</b>	This refers to how the performance of the activities pertaining to the opening meeting went.
<b>6. Inspection</b>	This refers to all aspects of the Inspection activities with management staff and residents.
<b>7. Closing Meeting</b>	This refers to how the performance of the activities pertaining to the Closing Meeting went.
<b>8. Learning Points</b>	This identifies key learning points (if any) from the total inspection process. These learning points should be brought to the attention of all staff and introduced into all future inspections.
<b>9. Comments</b>	These refer to comments, either positive or negative, relating to the appropriate activity.
<b>10. CAR No.</b>	A Corrective Action Review (CAR) document will be generated where a non-conformance has been identified and where there is a need for action to be taken to address it. Each non-conformity will be documented in a CAR form and each CAR will be assigned a unique sequential number.

# Appendix 8

## CORRECTIVE ACTION REVIEW

AREA/PROCESS		CAR NO.	
DETAILS OF NON-CONFORMITY			
		Representative Acknowledgement	Category
Date			
Root Cause analysis (how/why did this happen?):			
Corrective Action with completion dates (immediate response):			
Preventive Action (to prevent recurrence) with completion dates			
Close out comments by Senior Management:			Signature and name of Senior Manager
			Date:

# Appendix 8

## Guidance Notes

- |  |   |
|--|---|
| <b>1. Area/Process</b>                   | This refers to the specific area or function which has been inspected.  |
| <b>2. CAR No.</b>                        | A Corrective Action Review (CAR) document will be generated where a non-conformance has been identified and where there is a need for action to be taken to address it. Each non-conformity will be documented in a CAR form and each CAR will be assigned a unique sequential number.  |
| <b>3. Details of Non-Conformity</b>      | This identifies the exact details of the Non-Conformity. This should be as comprehensive as possible.   |
| <b>4. Date</b>                           | This identifies the date on which the Corrective Action Review has been generated.  |
| <b>5. Representative Acknowledgement</b> | This identifies the appropriate representative within the Nursing Home who has responsibility for the correction of the relevant Non-Conformity.  |
| <b>6. Category</b>                       | <p>This identifies whether the Non-Conformity is Major or Minor.</p> <p><b>Major non-conformance</b> is one where the health and safety of residents is potentially at risk and where there is a systematic failure of the management system.</p> <p><b>Minor non-conformance</b> is one where there is a once off event and where the health and safety of residents is not at risk and where there has not been a systematic failure of the management system.</p>  |
| <b>7. Root Cause</b>                     | This documents the root cause of the Non-Conformity (How did it happen and why did it happen).  |
| <b>8. Corrective Action</b>              | <p>This refers to what corrective action must be taken to address the problem with immediate effect. Where appropriate, completion dates should be assigned to each corrective action.</p> <p>Corrective action is a step taken to remove the causes of an <b>existing non-conformity</b> or undesirable situation. The corrective action process is designed to prevent the recurrence of non-conformities or undesirable situations. It tries to make sure that existing non-conformities and situations don't happen again. It tries to prevent recurrence by eliminating causes. Corrective actions address actual problems. Because of this, the corrective action process can be thought of as a problem solving process.</p> |



# Appendix 8

## 9. Preventive Action

This refers to what preventive action must be taken to prevent reoccurrence. Where appropriate, completion dates should be assigned to each corrective action.

Preventive action is a step taken to remove the causes of **potential non-conformities** or potential situations that are undesirable. The preventive action process is designed to prevent the occurrence of non-conformities or situations that do not yet exist. It tries to prevent occurrence by eliminating causes. While corrective actions prevent recurrence, preventive actions prevent occurrence. Both types of actions are intended to prevent non-conformities. Preventive actions address potential problems, ones that haven't yet occurred. In general, the preventive action process can be thought of as a risk analysis process.

## 10. Senior Management Close out Comments

This relates to any comments by senior management that the corrective action has been closed out correctly and that the likelihood of it's reoccurrence has been minimised.

## 11. Senior Management Signature

This identifies the name and signature of the Senior Management representative, relating to 10 above.

## 12. Date

This identifies the date of close out.

# Appendix 9

## Fit person interview questions

1	What is the role of the N.H provider/Person in charge?
2	What is the purpose of the N.H?
3	How will you achieve the objectives in the Statement of Purpose & Function?
4	What is the role of Provider in relation to Staff Ratio and Numbers?
5	What is your complaints policy and what is your role in relation to it?
6	What is your role and policy on Elder Abuse?
7	How do you demonstrate Best Practice?
8	What supports do you provide to your PIC?
9	What system and criteria do you use when recruiting and selecting a PIC?
10	How do you manage risk?
11	What are the key legal responsibilities of the registered provider in the Health Act 2007?
12	How do you monitor Quality of Care?
13	What records are you required to keep by the Regulations and for how long?
14	What legislation is relevant to your Nursing Home?
15	What qualifications do you need for your position?
16	What happens if your PIC is away for a month or more?
17	How are you applying standards to your Nursing Home?
18	Who are you answerable to in your position?
19	How can you prove that you are fit to be a registered provider/Person in charge?
20	How do you protect the privacy and dignity of residents?

**Note:** These are some examples of questions that may be asked by the Inspectors and are not exhaustive. Beware that some of these questions may be more applicable to the Proprietor of the Nursing Home and others will be more applicable to the Person in Charge (PIC).

# Glossary of Terms

## **Action Plan Report**

This is a documented response by the Nursing Home to the findings of the Inspection Report.

## **Assistants**

This is an in house member of staff who assists the inspectors in the proper execution of the inspection process. Their role is to facilitate the process and not in any way to impede the process.

## **Closing Meeting**

This is a meeting that takes place between the inspectors and the management of the Nursing Home at the conclusion of the Inspection. It should outline in detail all issues observed during the inspection.

## **Corrective action**

Corrective action is a step taken to remove the causes of an **existing non-conformity** or undesirable situation. The corrective action process is designed to prevent the recurrence of non-conformities or undesirable situations. It tries to make sure that existing non-conformities and situations don't happen again. It tries to prevent recurrence by eliminating causes. Corrective actions address actual problems. Because of this, the corrective action process can be thought of as a problem solving process.

## **Corrective Action Review (CAR)**

This is a document that is used to identify and to track corrective action issues that require action. It can be used not just for inspections but for any problematic activities that arise in a Nursing Home.

## **Interim Meeting**

This is a meeting that takes place at the end of each day of the inspection and identifies issues that the Inspector may have found during the day. It provides an opportunity for the Nursing Home to see if they can rectify any of these issues prior to the Closing Meeting.

## **Lead Inspector**

The Lead Inspector is responsible for all phases of the inspection process. The Lead has the authority to make final decisions regarding the conduct of the inspection and on any inspection findings.

## **Major Nonconformance**

Major non-conformance is one where the health and safety of residents is potentially at risk and where there is a systematic failure of the management system.

## **Minor Nonconformance**

Minor non-conformance is one where there is a once off event and where the health and safety of residents is not at risk and where there has not been a systematic failure of the management system.

## **Nonconformity**

Nonconformity refers to a failure to comply with requirements. A requirement is a need, expectation, or obligation. It can be stated or implied by an organization, its customers, or other interested parties.

# Glossary of Terms

## Objective evidence

Objective evidence is data that shows or proves that something exists or is true. Objective evidence can be collected by performing observations, measurements, tests, or by using any other suitable method.

## Opening Meeting

This is a meeting that takes place between the inspectors and the management of the Nursing Home prior to the commencement of the inspection. This meeting usually represents the first opportunity for the inspectors and nursing home management to meet in a formal setting. Properly conducted this meeting will establish a good inspection environment which will facilitate the smooth running of the inspection.

## Preventive action

Preventive action is a step taken to remove the causes of **potential non-conformities** or potential situations that are undesirable. The preventive action process is designed to prevent the occurrence of non-conformities or situations that do not yet exist. It tries to prevent occurrence by eliminating causes. While corrective actions prevent recurrence, preventive actions prevent occurrence. Both types of actions are intended to prevent non-conformities. Preventive actions address potential problems, ones that haven't yet occurred. In general, the preventive action process can be thought of as a risk analysis process.

## Subjective Evidence

This is evidence that is based on the Inspector's own views and is not based on fact.

The following statements are subjective:

- "Communications appear poor in this Nursing Home"
- "Residents appear sad and very unhappy".

These observations are based on the opinion of an inspector and unless the inspector can validate these with objective evidence they have no validity.

# References

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- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended)
- Health Information and Quality Authority (2009) *National Quality Standards for Residential Care Settings for Older People in Ireland.*
- Health Information and Quality Authority (2009) Registration and Inspection of Residential Care Settings for Older People in Ireland
- Health Information and Quality Authority (2012) *Designated Centres for Older People: An analysis of inspection findings during the first 15 months of inspection.*
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- International Organization for Standardization (2008) Quality Management System Requirements – ISO9001:2008
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- National Economic and Social Council (2011) Quality and Standards in *Human Services in Ireland: Overview of Concepts and Practice Report* No. 124. NESC: Dublin
- Nursing Homes Ireland Legislative Review Sub-committee (2010) Submission to Department of Health and Children on the Health Act 2007 and respective regulations. Unpublished
- Prospectus Strategy Consultants (2010) *High Level review of the HIQA inspection process for residential care settings for older people* NHI: Dublin.

# Useful Contacts

**The Equality Authority,**  
2 Clonmel Street,  
Dublin 2  
Tel: 01 417 3336  
Web: [www.equality.ie](http://www.equality.ie)

**Environmental Health Officers,**  
HSE,  
Various Departments  
Web: [www.hse.ie](http://www.hse.ie)

**Fire Officers,**  
Department of the Environment, Community  
and Local Government,  
Various Fire Authorities  
Web: [www.environ.ie](http://www.environ.ie)

**Health and Safety Authority (HSA),**  
Head Office,  
The Metropolitan Building,  
James Joyce Street  
Dublin 1  
Lo-call: 1890 289 389  
Web: [www.hsa.ie](http://www.hsa.ie)

**Health Information and Quality Authority  
(HIQA),**  
Head Office,  
Unit 1301 City Gate,  
Mahon, Cork  
Tel: 021 240 9300  
Web: [www.hiqa.ie](http://www.hiqa.ie)

**International Organization  
for Standardization (ISO),**  
1, ch. de la Voie – Creuse,  
Case postale 56,  
CH 1211 Geneva 20,  
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Web: [www.iso.org](http://www.iso.org)

**International Standards Glossary,**  
Lower Maudlin Street,  
Bristol,  
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Web: [www.standardsglossary.com](http://www.standardsglossary.com)

**National Employment Rights Authority  
(NERA),**  
Headquarters,  
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**Nursing Homes Ireland (NHI),**  
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