
A REGIONAL APPROACH TO REGISTRATION AND INSPECTION

**Social Services Inspectorate
Nursing and Midwifery Advisory Group
and
Health Estates**



***Social
Services
Inspectorata***

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Health Estates

Nursing and
Midwifery Group

FEBRUARY 2002

**A Regional Approach to
Registration and Inspection
Report of an Evaluation
of the action taken by
The Health and Social Services Boards
on the Recommendations of
The Inspection of
The Registration and Inspection Units
in Northern Ireland
(An Overview Report 1999)**

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1. SUMMARY OF FINDINGS

- 1.1 A desktop evaluation of the November 2001 report received from the Health and Social Services Board (Boards) on the progress made by their Registration and Inspection Units (Units) in addressing the recommendations contained in “The Inspection of Registration and Inspection Units in Northern Ireland 1999 – An Overview Report” (the “Overview Report”) was conducted by the Department of Health, Social Services and Public Safety (the Department) inspection team.

This evaluation has indicated that 14 of the recommendations were met, 23 were partially met and 10 were not met as follows:

Status	Number	Recommendations
Met	14	6, 7, 9, 10, 15, 16, 17, 22, 25, 28, 32, 34, 40 & 41
Partially Met	23	1, 2, 3, 4, 5, 8, 11, 13, 14, 18, 23, 26, 27, 30, 31, 35, 36, 37, 38, 39, 42, 45 & 46
Not Met	10	12, 19, 20, 21, 24, 29, 33, 43, 44 & 47

- 1.2 The purpose of the evaluation was to measure the progress made by the Units in progressing the recommendations of the “Overview Report”. The quality of many aspects of the work undertaken by Units as evidenced during the inspections is accepted. The progress made in moving to implement previous inspection team recommendations is also acknowledged. However, the Units have yet to maximise on the opportunity of drawing from the many good practices evidenced during the inspections.
- 1.3 The Boards’ response received by the Department did not reflect the good progress made in implementing the recommendations arising out of previous inspections nor did it highlight areas of good practice noted by the inspection team during previous inspections.
- 1.4 The draft Evaluation Report was issued for a factual accuracy check on 29 January 2002, and in their response, Boards have indicated that they have been working diligently to make sure the majority of the remaining recommendations will be met by 1 April 2002, with the remainder met by the end of October 2002.
- 1.5 Given the extended timescales involved and advice given, the Department will expect to receive confirmation from Boards, with supporting evidence that the April and October timescales have been met.

2. POLICY CONTEXT

2.1 The proposals set out in “People First: Community Care in Northern Ireland for the 1990s” (DHSS) required the Boards in Northern Ireland in 1991 to establish arms length Registration and Inspection Units. These proposals were designed to:

- Evaluate and monitor the quality of care and quality of life experienced in residential and nursing homes; and
- Ensure that a consistent and even-handed approach is taken to the application of standards across all sectors.

The Registered Homes (Northern Ireland) Order 1992, the Children (Northern Ireland) Order 1995 and associated regulations and guidance sets out the legislative framework for the registration and inspection of residential, nursing and children’s homes.

Units are currently responsible for the registration and inspection of nursing, residential and children’s homes in the independent sector, and for the inspection of residential and children’s homes in the statutory sector.

2.2 The inspections of the Units were undertaken by a team comprising of representation from the Social Services Inspectorate (SSI), Nursing and Midwifery Advisory Group (NMAG), Health Estates, and a Lay Assessor. The inspections were conducted in accordance with the Department’s commitment to inspecting the Units as set out in the “Guidance on Arms Length Registration and Inspection Units” (DHSS 1991). The responsibility was placed on SSI and NMAG and Health Estates to monitor the progress of the Units with particular reference to the following areas:

- The operational framework of the Units and their roles and functions within Boards;
- The links between the Units and other agencies;
- The consultative arrangements;
- The working methods and standards applied and the follow- up arrangement made.

2.3 The Units were examined in terms of progress made against the standards and criteria, which had been drawn up, in collaboration with them in 1994. These took account of legislation, Departmental guidance and experience of what constituted good practice concerning the conduct of inspection work. The standards and criteria were revised in July 1998, to take account of the directions and guidance issued in “Improving Inspections” Circular HSS (EC) 1/94 and the accompanying Practice Guidance issued by SSI.

BACKGROUND TO EVALUATION

- 2.4 This report sets out the findings from a desktop evaluation of the collaborative action taken by the Units and the Boards to recommendations outlined in the “Overview Report”. The Units had been inspected during the period September 1997 to January 1999.
- 2.5 The “Overview Report” was issued by the Chief Inspector (SSI) to the Chief Executives in each of the Boards on 29 October 1999. The report acknowledged the quality of work undertaken by Units and the evidence of much good practice. It also highlighted a number variations across the Boards in procedures and standards for registration and inspection activity, and highlighted the need for a collaborative approach to setting and applying standards for the full range of services. In an accompanying letter the Chief Inspector (SSI) requested that Boards agree an approach to meeting the recommendations contained in the “Overview Report” and provide the Department with their strategy to address the recommendations by 31 March 2000. The Boards were also notified that their progress would be reviewed in March 2001.
- 2.6 The “Overview Report” made 47 key recommendations, which Units and Boards needed to address collaboratively in order to meet the current and future challenges of registration and inspection activity.

3. PRE-EVALUATION PROCESS

- 3.1 Following the publication of the “Overview Report”, the Chief Inspector (SSI) wrote to the Chief Executives in each of the Boards on 29 October 1999 highlighting the need for standardisation and consistency across Units. The Boards were asked to collaboratively agree an approach to meeting the recommendations contained in the “Overview Report” and to provide the Department with a strategy to achieve these by the 31 March 2000. The Boards were also informed that progress on these areas would be reviewed in March 2001.

The Boards agreed that this work would be co-ordinated on their behalf by a Director of Social Care, who would co-ordinate a four Board Working Group (Working Group).

- 3.2 The evaluation of the Boards’ response to the recommendations of the “Overview Report” was planned as a desktop exercise. During the course of the evaluation process there was ongoing communication and consultation between the Department, the Chief Executives of the Boards, the Unit Managers and the nominated representative of the Working Group.
- 3.3 Prior to the commencement of the evaluation process a meeting between the inspection team and the Working Group took place on 2 February 2001. The aim to discuss the evaluation process and agree a timescale for a Board response to the implementation of the “Overview Report” recommendations. A revised timescale of 1 June 2001 was agreed.

Following the meeting the inspection team drafted a pro-forma for the Working Group to assist them in formulating a response to the Department. This pro-forma and confirmation of the revised timescale were forwarded to the Boards in a letter on 6 March 2001.

- 3.4 The pro-forma was completed by the Working Group and forwarded to the inspection team on 21 May 2001. However, this had not been fully completed and did not, in the view of the inspection team, adequately clarify the progress made on the implementation of the recommendations.
- 3.5 A meeting was held between the nominated Board representative and the inspection team on 4 June 2001, when these concerns were highlighted. To progress the work, the inspection team agreed to provide a detailed example of the standard required. A further extension to the timescale was agreed for 24 July 2001, to enable completion of the work. This was confirmed in writing to the Chief Executives by the Chief Inspector (SSI) on 18 June 2001.
- 3.6 The Chief Inspector (SSI) again wrote to the Chief Executives of the Boards on 15 September 2001 informing them that the response had not been received. Correspondence received from the Chief Executives of the Northern Health and Social Services Board (NHSSB) and Western Health and Social Services Board (WHSSB) indicated that the work would be completed in early October 2001.
- 3.7 The Working Group sent a further response to the inspection team on the 10 October 2001. After detailed consideration of the response the inspection team concluded that the information did not provide sufficient evidence to ascertain if recommendations had been implemented. This was conveyed to the representative of the Working Group in a letter dated 21 November 2001, which included additional written notes relating to each recommendation highlighting the evidence required.

- 3.8 At the request of the Working Group a representative of SSI attended a meeting on 29 November 2001, with an Inspector from the WHSSB who was representing the Working Group. The representative of the Working Group facilitated this meeting. During the course of the meeting the nominated Board representative prepared an updated response to the recommendations of the “Overview Report”.

This report is an evaluation of the final response received on 29 November 2001.

4. EVALUATION OF THE BOARDS' RESPONSE TO THE RECOMMENDATIONS CONTAINED IN THE OVERVIEW REPORT (OCTOBER 1999)

ADVISORY COMMITTEES

- 4.1** Recommendation 1: The Boards consult more fully with Advisory Committee members on the development of service standards.

The Boards' response indicated that:

- service standards are brought to Advisory Committee meetings for approval;
- this is referred to in the Committees' Terms of Reference;
- the Unit Managers are responsible for bringing these issues to the Advisory Committee;
- frequency of meeting will be agreed across the Boards, which reflects the demands of discussing items such as: standards development, recruitment and induction programmes for lay assessors, residents' finances, specialist equipment outside of contracts, and to convene conferences on relevant care issues;
- date for completion: April 2002.

Inspection Team Comment

This recommendation has been partially met.

The Board response does not address the consultation process in relation to the development of standards and the frequency of meetings has yet to be agreed.

- 4.2** Recommendation 2: The Boards seek nominations from a wider range of client groups including children's services.

The Boards' response indicated that:

- the Unit Managers all have similar policies/procedures in place in order to comply with this recommendation;
- standard letters are sent to all relevant groups including children's services as vacancies arise. Evidence can be gained from Advisory Committees minutes, letters and the current composition of the four Advisory Committees. Monitoring and evaluation will be carried out by the Unit Managers. If shortfalls or gaps arise in representation proactive strategies will be put in place to address and this will be led by the Unit Managers.

Inspection Team Comment

This recommendation has been partially met.

The process is unclear. There has been no evidence provided as to how wider groups, particularly children's services, have been consulted or how Advisory Committee membership will be monitored and evaluated. The Board strategy to identify gaps in representation needs to be further clarified and agreed in order to meet this recommendation.

4.3

Recommendation 3: The Boards consider rotating the location of meetings to facilitate greater user and provider participation.

The Boards' response indicated that:

- the location of meetings and user participation is referred to in all policies/procedures;
- this has been discussed with all four Advisory Committees. The Units report that they are committed to promoting greater openness and awareness of the Advisory Committees through rotation of locations which facilitates greater user and provider facilitation. However some Advisory Committees have expressed a wish to use the same venue for practical purposes;
- in an effort to promote good practice the Unit Managers will continue to negotiate and raise annually at Advisory Committee meetings and keep this under review.

Inspection Team Comment

This recommendation has been partially met.

The Boards' response indicates that the recommendation that Advisory Committees consider the rotation of Advisory Committee meetings has been met.

However, it is disappointing that more positive action has not been taken by Boards to ensure greater user and provider participation in Advisory Committees.

4.4

Recommendation 4: Develop mechanisms, which enable providers and residents to contribute to the Advisory Committee agenda and to be kept apprised of the outcome.

The Boards' response indicated that:

- minutes of Advisory Committee meetings are sent to each home and both providers and residents are able to contribute to the Advisory Committees' agenda;
- this is dealt with by office staff from the Units.

Inspection Team Comment

This recommendation has been partially met.

It is unclear as to what mechanisms have been developed to make sure that providers and residents are enabled to contribute to the agenda of the Advisory Committees.

MONITORING AND REVIEW SYSTEMS FOR INSPECTION ACTIVITY

- 4.5 Recommendation 5: Review the existing arrangements and service level agreements for the provision of estates services.

The Boards' response indicated that:

- the Southern Health and Social Services Board (SHSSB) has recently reviewed their arrangements and are about to enter into a service level agreement similar to the WHSSB. The NHSSB is about to undertake a similar review. The WHSSB has reviewed existing arrangements and the service level agreement for the provision of estates services and current arrangements continue. The Eastern Health and Social Services Board (EHSSB) has reviewed estates provision with the view to exploring the possibility of employing bank inspectors for specific tasks or to support existing resources;
- there is still a considerable amount of work to be done to standardise the arrangements and service level agreements between the Boards. This is largely due to very different approaches ranging from service level agreement to the appointment of designated estates inspectors;
- the Unit Managers will identify estates personnel representing the Boards to meet and agree common standards;
- arrangements will be in place to take this forward with appropriate timescales and terms of reference;
- this will be in place by March 2002.

Inspection Team Comment

This recommendation has been partially met.

There is no indication that Boards have taken action to standardise the arrangements and service level agreements, or to ensure that estates inspections are carried out in all Boards by appropriately qualified and experienced inspectors. These issues have been ongoing since the publication of the "Overview Report" in October 1999 and it is a matter of some concern to the inspection team that action required to fully address this recommendation remains outstanding.

- 4.6 Recommendation 6: Extend the current analysis and recommendations to include outcomes of inspection follow-up arrangements.

The Boards' response indicated that:

- the Units have put systems in place to ensure that this recommendation is fully met. Follow-up arrangements include consultation with estates staff, pharmacists and auditors as appropriate;
- policies and procedures are in place and addressed in inspection reports and annual reports;
- action is taken by the Unit Managers and by the relevant inspector;
- the Unit Managers are committed to keeping this under review on an annual basis.

Inspection Team Comment

This recommendation has been met.

4.7 Recommendation 7: Provide an annual report on the inspection of children's homes.

The Boards' response indicated that:

- the Boards provide an annual report on the inspection of children's homes.

Inspection Team Comment

This recommendation has been met.

4.8 Recommendation 8: Develop mechanisms for providing professional support/supervision/consultation for all groups of staff, including estates, pharmacy and children's inspectors.

The Boards' response indicated that:

- the Units have appropriate arrangements to ensure that nurse inspectors receive professional support/supervision from nursing personnel and that social work inspectors including children's inspectors receive the same from social work personnel. The pharmacy inspectors receive support from a pharmacist;
- peer support is also in place within the NHSSB and the EHSSB for the estates inspectors who are also supported by the Management, Professional & Technical Group organised through Health Estates;
- policies and procedures to reflect the above arrangements are in place and can be evidenced on inspection within the Units. However, these are not standardised across the Boards. The Unit Managers report that they will highlight best practice from their current working arrangements in order to agree a common approach, which will ensure that all staff receive the best possible support/supervision;
- this should be completed by September 2002.

Inspection Team Comment

This recommendation has been partially met.

Standardisation of policies in relation to this recommendation remains outstanding.

4.9

Recommendation 9: Establish Board professional monitoring fora to oversee the work of the Unit and to ensure professional issues are addressed.

The Boards' response indicated that:

- Terms of Reference are in place;
- meetings held - minimum of twice a year;
- in three of the Boards, this is overseen by the Director of Social Care and in the other by the Director of Nursing and Consumer Services.

Inspection Team Comment

This recommendation has been met.

WORKLOAD AND RESOURCES

- 4.10** Recommendation 10: Ensure that the statutory requirements are met in respect of inspection of children's homes.

The Boards' response indicated that:

- statutory requirements as per the recommendation are being fully met in the Boards.

Inspection Team Comment

This recommendation has been met.

- 4.11** Recommendation 11: Review and agree the policy on the registration of dual registered homes and small homes.

The Boards' response indicated that:

- standardised policies and procedures have been drawn up and adopted on dual registration by the Working Group;
- the group, which includes adult placement schemes working group, are currently reviewing and agreeing policies and procedures in order to develop a standardised approach to this area of work. There will be separate distinct policies relating specially to small homes and adult placement schemes. The "small homes" group will ensure that Health Estates at the DHSSPS are consulted with a view to ensuring best practice is developed;
- other key stakeholders from the private, voluntary sectors will be consulted as part of the process;
- completion date March 2002.

Inspection Team Comment

This recommendation has been partially met.

Standardisation of policy and procedures in relation to registration and inspection of small homes remains outstanding.

- 4.12** Recommendation 12: Review the current arrangements and expectations regarding routine estates inspections.

The Boards' response indicated that:

- there is no common agreement between Boards on expectations for estates inspections, as the arrangements have been reviewed and there are considerable differences in approach between the Boards eg service level agreements, designated estates inspectors within Units;
- the Boards consider standardisation of an approach to routine estates inspections to be a considerable task. This will be addressed by relevant estates officers representing the four Boards to meet and agree appropriate standard;

- the draft standards will be sent for consultation to the Advisory Committees, DHSSPS, Health Estates and Units prior to seeking Board approval;
- arrangements will be put in place for the group to meet by March 2002 with appropriate Terms of Reference and timescales in place.

Inspection Team Comment

This recommendation has not been met.

Written confirmation on the agreed timescale to meet this recommendation should be provided.

4.13 Recommendation 13: Review the recruitment and induction policy for lay assessors and ensure lay assessors are appointed for inspection of children’s homes.

The Boards’ response indicated that:

- policies and procedures have been reviewed and information packs prepared. However, while these are similar there is still some work to be done to standardise them. This will be undertaken by the Unit Managers;
- lay assessors have been involved in inspections in children’s homes in three of the Boards;
- the WHSSB have undertaken a recruitment process to recruit more lay assessors. There are currently four appointments pending references. Two of these have expressed an interest in children’s homes inspections and WHSSB anticipate that this will resolve this issue. Before these lay assessors take up their role they will be involved in induction, shadowing and ongoing support to ensure that they are confident to undertake the role;
- all Boards will monitor this on an annual basis to ensure this recommendation continues to be met.

Inspection Team Comment

This recommendation has been partially met.

Standardisation of policies in relation to recruitment and induction remains outstanding.

4.14 Recommendation 14: Clarify the roles and boundaries of the lay assessors in the inspection process, ensure consistency in approach and that best use of their time and experience is made.

The Boards’ response indicated that:

- A number of measures have been put in place by Boards to assist the lay assessors including:
 - detailed information packs;
 - full induction/training;
 - regular meetings with lay assessors;
 - input to reports by the assessors.

- These are standardised across the Boards.

Inspection Team Comment

This recommendation has been partially met.

There is no evidence that a collaborative policy on roles, boundaries and expectations of lay assessors has been agreed and developed between the Boards.

4.15 Recommendation 15: Provide opportunities for lay assessors to fully contribute to, comment on, and view the draft inspection report.

The Boards' response indicated that:

- this has been fully achieved. Information in this regard is included in standardised policies and procedures;
- all assessors are included in discussion on draft reports and are provided with opportunities to view these.

Inspection Team Comment

This recommendation has been met.

4.16 Recommendation 16: Implement fully the policy on lay assessors' visits to homes.

The Boards' response indicated that:

- the policy entails a lay assessor visiting homes every three years. This recommendation is met within the Boards, however due to recruitment difficulties that Units are currently experiencing this standard may be difficult to maintain;
- efforts are continuing to attempt to recruit sufficient lay assessors. This is through public advertising, targeting of voluntary agencies and general awareness raising throughout the community;
- Unit Managers will continue to monitor recruitment and uptake of lay assessors posts.

Inspection Team Comment

This recommendation has been met.

4.17 Recommendation 17: Provide induction programmes on registration and inspection activity for the designated medical officers to the inspection team.

The Boards' response indicated that:

- a member of Board medical staff is included in the professional monitoring group of three of the Boards and is aware of inspection activity;

- it has been agreed that a medical officer from the WHSSB will be invited to join the professional management group overseeing the activity of the Unit;
- the Unit Managers will ensure when all new medical officers are appointed to Boards, they will receive appropriate induction on all registration and inspection activity.

Inspection Team Comment

This recommendation has been met.

- 4.18** Recommendation 18: Ensure inspectors are equipped with the appropriate qualifications, training and experience and are appropriately allocated to inspect in specialised areas such as dual registration and multiple categories of care.

The Boards' response indicated that:

- the initial skills which inspectors bring to their work are built upon through appropriate induction, and ongoing training and supervision;
- training needs analysis are carried out on an annual basis with all inspectors and training provided to meet the need to ensure that all client group homes are inspected by inspectors who are adequately trained in the needs of that client group;
- at induction all inspectors have outstanding training needs identified and an action plan put in place to address these. The Units are committed to agreeing a standardised approach to training needs analysis based on best practice for staff developments;
- qualifications and experience is specified in recruitment information.

Inspection Team Comment

This recommendation has been partially met.

The Boards' response does not address the issue of appropriate qualifications to carry out delegated duties or appropriate allocation of inspectors to carry out inspection activity. No indication has been given as to how the standardised approach to training needs analysis will be brought forward.

- 4.19 Recommendation 19: Develop opportunities for professional groups of inspectors across the Boards to discuss and develop issues of common interest.

The Boards' response indicated that:

- common issue groups will be identified at the Unit Managers' meeting and the remits and Terms of Reference for the groups will be drawn up by March 2002. It is intended that the groups will be in place by May 2002;
- this would include representation from Nursing, Social Work, Mental Health, Estates and Pharmacy.

Inspection Team Comment

This recommendation has not been met.

- 4.20 Recommendation 20: Explore the opportunity for the provision of joint education and training programmes for inspectors across the Boards.

The Boards' response indicated that:

- this issue was to have been fully explored at the conference in June 2001;
- opportunities for professional training for inspectors have been initiated, but this is only in initial stages;
- it is anticipated that an appropriate programme for training will be developed through the Northern Ireland Social Care Council and the United Kingdom Central Council for Nursing Midwifery and Health Visiting. It is suggested that this training could be provided by a training team and the Post Qualification Partnership on a regional basis;
- there is a need to arrange at an early stage, a training needs protocol and contact appropriate bodies re awards;
- this is a very complex, important piece of work which requires further discussion and consideration;
- the Department will be informed of any developments as they occur.

Inspection Team Comment

This recommendation has not been met.

There is no evidence that joint education and training opportunities have been provided for inspectors on a formal or informal basis. In addition, the Boards' response indicates this issue was to have been fully explored in June 2001, yet there was no report on progress made in the final report submitted in November 2001.

4.21 Recommendation 21: Review the existing policy and practice on estates matters.

The Boards' response indicated that:

- the existing policy has been reviewed and the Boards are currently developing a service level agreement with the appropriate Trust to be operational in April 2002. Until then the existing arrangements remain in place;
- policy and procedures in regard to estate matters need to be standardised.

Inspection Team Comment

This recommendation has not been met.

This requires immediate attention as the delay in dealing with estates matters is of considerable concern.

4.22 Recommendation 22: Review the number of grades of administrative staff to ensure that these are consistent, reflect and adequately support inspection activity, take account of long-term sickness and resignations, and enable inspectors to conduct the minimal amount of time on administrative and clerical tasks.

The Boards' response indicated that:

- the Boards independently reviewed the number and grades of administrative staff by evaluating the gaps in the existing services through: discussions with staff, estimating work loads and back load of work, cover for sickness and holidays and increasing demands;
- the reviews were carried out by the Unit Managers in conjunction with their line managers and office managers;
- where shortfalls were identified Boards provided resources to increase administrative staff eg WHSSB – 1 grade 3 member of staff appointed. SHSSB – 1 grade 3 member of staff appointed and 1 grade 2 member of staff appointed. NHSSB has adequate staff in place. EHSSB has adequate staff in place;
- all staffing arrangements are monitored and kept under review by the Unit Managers.

Inspection Team Comment

This recommendation has been met.

- 4.23 Recommendation 23: Consider developing and implementing a standardised regional Information Technology (IT) system to meet the need of registration and inspection activity.

The Boards' response indicated that:

- the Boards have different IT systems in place and currently there are no common areas which can be implemented with the different systems;
- the Units recognise the advantage of having a standardised IT system, however this is a considerable task and will need to include the information personnel from the Boards to develop an agreed information database.

Inspection Team Comment

This recommendation has been partially met. Consideration has yet to be given to the development and implementation of a standardised IT system. There has been no evidence provided to confirm that an appraisal of current systems has been carried out or a programme of work established to meet the need of registration and inspection activity.

- 4.24 Recommendation 24: Ensure that the IT system addresses the follow-up action on estates matters.

The Boards' response indicated that:

- only one Board's system can address this recommendation;
- in the WHSSB the IT system currently has a database set-up to follow up any outstanding recommendations;
- the three Boards systems cannot address this follow-up action on estate matters. Follow-up procedures are in place which work satisfactorily without IT system ie through hard copy;
- the Units recognise the advantages and benefits of implementing a strategy similar to the WHSSB system and will include this as part of any joint IT strategy put in place.

Inspection Team Comment

This recommendation has not been met.

- 4.25 Recommendation 25: Ensure all providers complete residents dependency forms and staffing level returns, in order to determine staffing requirements and meet the care needs of residents.

The Boards' response indicated that:

- in undertaking the review for determining staffing requirements in nursing homes the Units have identified an agreed minimum staffing level which is ratio based;
 - the ratios for determining minimum staffing requirements in nursing homes has been agreed in two Boards and the same procedures are out for consultation in the NHSSB and the SHSSB;
-
- when the consultation period is over in the SHSSB and the NHSSB and all Boards are using commonly agreed standards the procedures will be synchronised accordingly;
 - the new/proposed procedures are ratio based and the dependency levels will be used by inspectors to assess if homes are meeting the needs of residents;
 - dependency levels are requested from all homes on an annual basis prior to announced inspections. These are used to determine the adequacy of staff provision to fully meet the needs of the residents and the specific physical nature of the home.

Inspection Team Comment

This recommendation has been met.

The inspection team wish to clarify that this recommendation was in relation to Units seeking information on dependency levels from homes that would enable them as part of the inspection process to assess the adequacy of each homes staffing. The determination of individual staffing requirements to appropriately meet the needs of residents in each home is a matter for the Boards.

SERVICE STANDARDS

- 4.26** Recommendation 26: Establish a regional working group to agree and develop standards with outcome measures for all services and in particular, dual registered homes, respite care, small homes, special schemes and changes to categories of care.

The Boards' response indicated that:

- policy and procedures on dual registration have been drawn up, agreed and implemented;
- the Boards' small homes working group is currently drawing up relevant procedures for small homes and special schemes;
- the Boards have individual procedures on changes to categories of care, but recognise these need to be standardised. The working group will address this and respite care issues on an agreed timescale when the first part of the exercise is completed.

Inspection Team Comment

This recommendation has been partially met. A timescale to meet the requirements has yet to be agreed.

- 4.27** Recommendation 27: Devise a mechanism to enable all providers to comment separately and in confidence on the inspection standards and process.

The Boards' response indicated that:

- a questionnaire is forwarded either annually or following inspections by the Units;
- the Units still need to agree a single format and an agreed time for forwarding questionnaires eg with draft inspection report;
- standards agreed for announced and unannounced inspections at the beginning of each year will be forwarded to the Advisory Committee and all homes for their comments this will be completed before the end of March;
- standards are sent to all homes eight weeks prior to inspection.

Inspection Team Comment

This recommendation has been partially met.

There is no evidence of standardisation or to confirm that providers are enabled to comment in confidence.

CONDUCT OF INSPECTION WORK

- 4.28 Recommendation 28: Provide a poster/letter, which indicates the availability of the open report, and how this can be accessed in the home.

The Boards' response indicated that:

- this recommendation is fully met by the Units;
- policies and procedures are standardised across the Boards;
- this poster is sent out with the inspection report and states the report is available and can be requested by contacting the person in charge of the home.

Inspection Team Comment

This recommendation has been met.

- 4.29 Recommendation 29: Extend out of hours inspections to cover: early morning, late evening and weekend periods in all homes, in order to observe daily life and assess care practices at more vulnerable times.

The Boards' response indicated that:

- inspections are being carried out at these times, but practice differs across Boards;
- a common policy/procedure in this regard is not standardised and therefore has to be agreed by the Unit Managers;
- a common policy/procedure is to be implemented by April 2002.

Inspection team comment

This recommendation has not been met.

- 4.30 Recommendation 30: Issue questionnaires to professionals providing care in homes and obtain their views on the quality of care and quality of life for residents.

The four Board response indicated that:

- questionnaires are being issued to professionals, however, these are not standardised;
- a common questionnaire/monitoring arrangement in this regard is not standardised, therefore needs to be agreed by the Unit Managers;
- a common questionnaire/monitoring arrangement will be implemented by April 2002.

Inspection Team Comment

This recommendation has been partially met.

There is no standardisation in approach in relation to obtaining the views and opinions of professionals on the quality of care provided and quality of life for residents.

4.31 Recommendation 31: Ensure that similar procedures are agreed and applied across the statutory sector in relation to action on estates and other resource issues.

The Boards' response indicated that:

- policies/procedures are in place to ensure this occurs. The follow-up procedures are the same for all sectors across the Boards, however, there are a number of issues of legislative differences between the statutory and independent sectors. This restricts the Units' ability to enforce appropriate standards evenly and this matter would need to be highlighted;
- a protocol needs to be agreed for referring Trusts to the Board where action has not been taken.

Inspection Team Comment

This recommendation has been partially met.

A protocol has not been agreed for referring Trusts to Boards where action has not been taken.

4.32 Recommendation 32: Where estates services are provided by a Board bureau it is recommended that these arrangements are reviewed and it is ensured that there is an integrated approach to the inspection process.

The Boards' response indicated that:

- an integrated approach is in place in all Units. Estates inspections are carried out alongside care inspections and the reports of estates inspections are incorporated into the body of the main report.

Inspection Team Comment

This recommendation has been met.

4.33 Recommendation 33: Where estates services are provided by a Board Bureau it is recommended Estates personnel are available at all times to the Head of Unit.

The Boards' response indicated that:

- Unit Managers have contact telephone numbers to ensure that Trust Estates personnel are available at all times as per the recommendation;
- the Units recognise that there is still a need to agree protocols, which will improve communication and partnership working between the Units and estates services;
- frequency and remit of meetings need to be identified;
- this will be in place by March 2002.

Inspection Team Comment

This recommendation has not been met.

4.34 Recommendation 34: Follow-up arrangements are even-handedly applied across the sectors.

The Boards' response indicated that:

- since the initial evaluation these issues have decreased and all Units have policies and procedures in place which are working well in ensuring there is an integrated approach to the inspection process and that all follow-up arrangements are standardised;
- within the current legislative arrangements, it can be difficult to enforce in the statutory sector, since enforcement notices cannot be issued to the statutory sector according to legal advice. However, these difficulties have recently decreased and the follow-up action taken is even handed across the statutory, voluntary and private sectors.

Inspection Team Comment

This recommendation has been met.

INSPECTION REPORTS

- 4.35** Recommendation 35: Collaboratively develop a common format to report writing and provide a composite picture of the home, which should include: a brief synopsis of the background to inspection, the number of residents in the home, categories of registration, time and duration of inspection, date of last inspection, composition of inspection team, management present during inspection, inspection focus, methods and standards to be used and outcome of the follow-up action taken by the home since the previous inspection.

The Boards' response indicated that:

- the reports of the Units currently address all the issues identified;
- the report formats have been discussed between the Units and work is currently being undertaken to develop a common format.

Inspection Team Comment

This recommendation has been partially met.

There is no evidence that a common format for reports has been developed.

- 4.36** Recommendation 36: Incorporate the estates and pharmaceutical inspections into the main report and checklists provided to the home.

The Boards' response indicated that:

- all Units comply with this recommendation;
- standardised policies/procedures will be in place by April 2002.

Inspection Team Comment

This recommendation has been partially met.

There is no evidence that policies and procedures have been standardised.

4.37 Recommendation 37: Provide an executive summary which includes findings and recommendations.

The Boards' response indicated that:

- all Units comply with this recommendation by providing an executive summary which highlights all care, pharmacy and estates issues;
- this format will be standardised by April 2002.

Inspection Team Comment

This recommendation has been partially met.

There is no evidence that policies and procedures have been standardised.

4.38 Recommendation 38: Quantify the number of relatives and residents interviewed.

The Boards' response indicated that:

- all Units comply with this recommendation. The number of relatives/friends residents and professionals contacted is highlighted in all reports. In addition written and telephone submissions are included;
- standardised policy/procedure to be drawn up by April 2002.

Inspection Team Comment

This recommendation has been partially met.

There is no evidence that policies and procedures have been standardised.

4.39 Recommendation 39: Differentiate between requirement and recommendation and agree timescales for completion of estates issues in statutory homes.

The Boards' response indicated that:

- all Units comply with this recommendation, however, there is further work to be done to standardise this format;
- a standardised policy/procedure will be implemented by April 2002.

Inspection Team Comment

This recommendation has been partially met.

There is no evidence that policies and procedures have been standardised.

4.40 Recommendation 40: Agree a common approach to the timescale for issuing reports to providers.

The Boards' response indicated that:

- the Unit Managers have now agreed a timescale for meeting this recommendation, i.e. 28 days;
- a standardised policy/procedure is in place.

Inspection Team Comment

This recommendation has been met.

4.41 Recommendation 41: Provide regular up-to-date lists of the homes inspected to the agencies on the circulation lists.

The Boards' response indicated that:

- all Units comply with this recommendation;
- a standardised policy/procedure is in place.

Inspection Team Comment

This recommendation has been met.

INSPECTION FOLLOW UP AND OUTCOMES

- 4.42** Recommendation 42: Ensure that senior managers, with overall responsibility for budget and service delivery, agree the action required on inspection recommendations and timescales for implementation.

The Boards' response indicated that:

- all Units comply with this recommendation and have an action checklist pro-forma in place, which is now forwarded to all homes with reports;
- a standardised policy/procedure to be drawn up April 2002. This will include an action checklist proforma, which identified the individual responsible for addressing specific requirements and recommendations. They will have to provide a signed undertaking to the Units identifying agreed action.

Inspection Team Comment

This recommendation has been partially met.

There is no evidence that policies and procedures have been standardised.

- 4.43** Recommendation 43: Review the procedure and practice in relation to issuing 'failure to comply' notices and ensure appropriate action is taken which achieves effective and timely outcomes.

The Boards' response indicated that:

- procedures in place and practices adhere to procedures;
- however, the existing common procedures have to be reviewed to include how appropriate action is taken and standardised across the Boards;
- to be implemented by September 2002.

Inspection Team Comment

This recommendation has not been met.

CO-OPERATION

- 4.44** Recommendation 44: Extend their network arrangements to other Departments such as Public Relations, Professions Allied to Medicine and GP Advisers.

The Boards' response indicated that:

- all Units have extensive network arrangements in order to implement the Department's recommendations. These are kept under review and consultation takes place as necessary;
- the Units recognise that this needs to be formalised and a standardised policy/procedure to be drawn up by April 2002.

Inspection Team Comment

This recommendation has not been met.

- 4.45** Recommendation 45: Work in collaboration with the Boards' Audit Departments in developing clear standards for monitoring the management of residents' personal finances and property.

The Boards' response indicated that:

- all Units work in close collaboration with their Board's Audit Departments in ensuring that this recommendation is fully met;
- policies and procedures are in place;
- the Units will review the standards in place across the Boards and agree a common policy and procedure by October 2002.

Inspection Team Comment

This recommendation has been partially met.

There is no evidence that policies and procedures have been standardised.

- 4.46** Recommendation 46: Develop a regional approach to consulting with statutory bodies such as Fire Authority for Northern Ireland, Health and Safety Executive and District Councils.

The Boards' response indicated that:

- protocols are in place for the Fire Authority of Northern Ireland (FANI) and District Councils;
- a common protocol is to be drawn up for Health and Safety Executive.

Inspection Team Comment

This recommendation has been partially met.

All protocols are not in place.

4.47 Recommendation 47: Establish formal written protocols, procedures and standards and convene regular co-ordinated meetings.

The Boards' response indicated that:

- the Units are taking steps to establish appropriate formal written protocols, procedures and standards with the FANI and environmental health;
- meeting due to take place in January 2002 with the Health and Safety Executive;
- a common protocol to be developed to meet Health and Safety representatives on a regional basis.

Inspection Team Comment

This recommendation has not been met.

5. CONCLUSION

- 5.1 The “Overview Report” which was published in October 1999, highlighted the joint action Boards needed to take to standardise their approach and further develop the registration and inspection process.

A timescale of March 2001 for implementation of recommendations made in the report was discussed and agreed.

- 5.2 The March 2001 implementation timescale was not achieved and the Department agreed a number of extensions to allow the Boards to complete this work. The Boards’ response was received in November 2001.

- 5.3 A desktop evaluation of the Boards’ response, conducted by the DHSSPS inspection team, has indicated that 14 of the recommendations have been met, 23 have been partially met and 10 have not been met.

- 5.4 The quality of much of the work undertaken by the Units as evidenced in previous inspections, and the progress made by Boards in moving to implement previous inspection team recommendations is acknowledged. However, the Boards’ response did not adequately reflect this progress, nor did it maximise on the opportunity arising out of the many areas of good practice evidenced during previous inspections.

- 5.5 The draft Evaluation Report was issued for a factual accuracy check and in their response, Boards have indicated that they have been working diligently to make sure that the majority of the remaining recommendations will be met by 1 April 2002, with the remainder met by the end of October 2002.

Given the extended timescales involved and advice given, the Department will expect to receive confirmation, with supporting evidence, that all recommendations have been implemented in full by the end of October 2002. In addressing the recommendation in relation to IT to support registration and inspection activity, Boards will need to have an agreed specification and action plan for implementation.

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