The Regulation and Quality Improvement Authority

Acute Hospital Inspection Programme Guidance

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1. What We Do

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care (HSC) services. We were established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

Through our programme of work we provide assurance about the quality of care; challenge poor practice; promote improvement; safeguard the rights of service users; and inform the public through the publication of our reports. RQIA has three main areas of work:

- We register and inspect a wide range of independent and statutory health and social care services.
- We work to assure the quality of services provided by the HSC Board, HSC trusts and agencies through our programme of reviews.
- We undertake a range of responsibilities for people with mental ill health and those with a learning disability.

We inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the area well led?

RQIA registers and inspects a wide range of health and social care services. These include: nursing, residential care, and children's homes; domiciliary care agencies; day care settings/centres; independent health care; nursing agencies; independent medical agencies; residential family centres; adult placement agencies; voluntary adoption agencies, school boarding departments and young adult supported accommodation (inspected only).

2. The Four Domains

3. Acute Hospital Inspection Programme

The aim of the Acute Hospital Inspection Programme is to:

- provide public assurance, and to promote public trust and confidence
- contribute to improvement in the delivery of acute hospital services
- support RQIA's agenda of improvement across health and social care in Northern Ireland

The hospital inspection programme is subject to ongoing review and will be adapted further as it develops.

3.1 How We Will Inspect

Our inspections will be unannounced. Hospitals will be categorised according to the number of beds and specialist areas. The number of inspections and the number of wards and departments to be inspected will be proportionate to the type of services provided and the size of the hospital. A list of hospitals to be included in the inspection process is detailed in Appendix 1. This will be kept under review to respond to changes in service delivery.

We use intelligence monitoring to decide when, where and what to inspect. This combines information from a wide range of sources, local insight and patient experience information to give our inspectors a clear picture of the wards or departments that may need to be inspected.

We will not inspect all the acute services within a trust or a hospital. Inspections will be a snap shot of the wards or departments selected for inspection and cannot be regarded as a comprehensive review of an entire hospital or trust.

In Year 1, RQIA will inspect wards and departments in the following areas in each HSC acute hospital subject to inspection.

- Emergency Care
- Medical Care (including older people's care)
- Surgical Care

In subsequent years, other areas and specialties will be inspected.

We will not be able to visit every ward at each inspection, therefore these will be selected on a rolling programme; however we will consider various factors including risk, quality and the context of the services to help us prioritise the areas we visit.

These may include, for example, wards:

- where previous inspections or our intelligence monitoring has flagged a concern or risk
- about which we have received a complaint, there has been a safeguarding alert or we have heard from a disclosure from a whistle blower
- we have not inspected for a long period or have not previously inspected at all
- we have been made aware of areas of good practice
- a request has been made by the DoH, HSC Board or PHA
- subject to media attention

RQIA also undertakes other inspections and review activities that are not covered in this guidance, such as infection prevention and control inspections and thematic reviews. We will coordinate this activity to reduce the burden on HSC organisations.

3.2 Inspection Framework

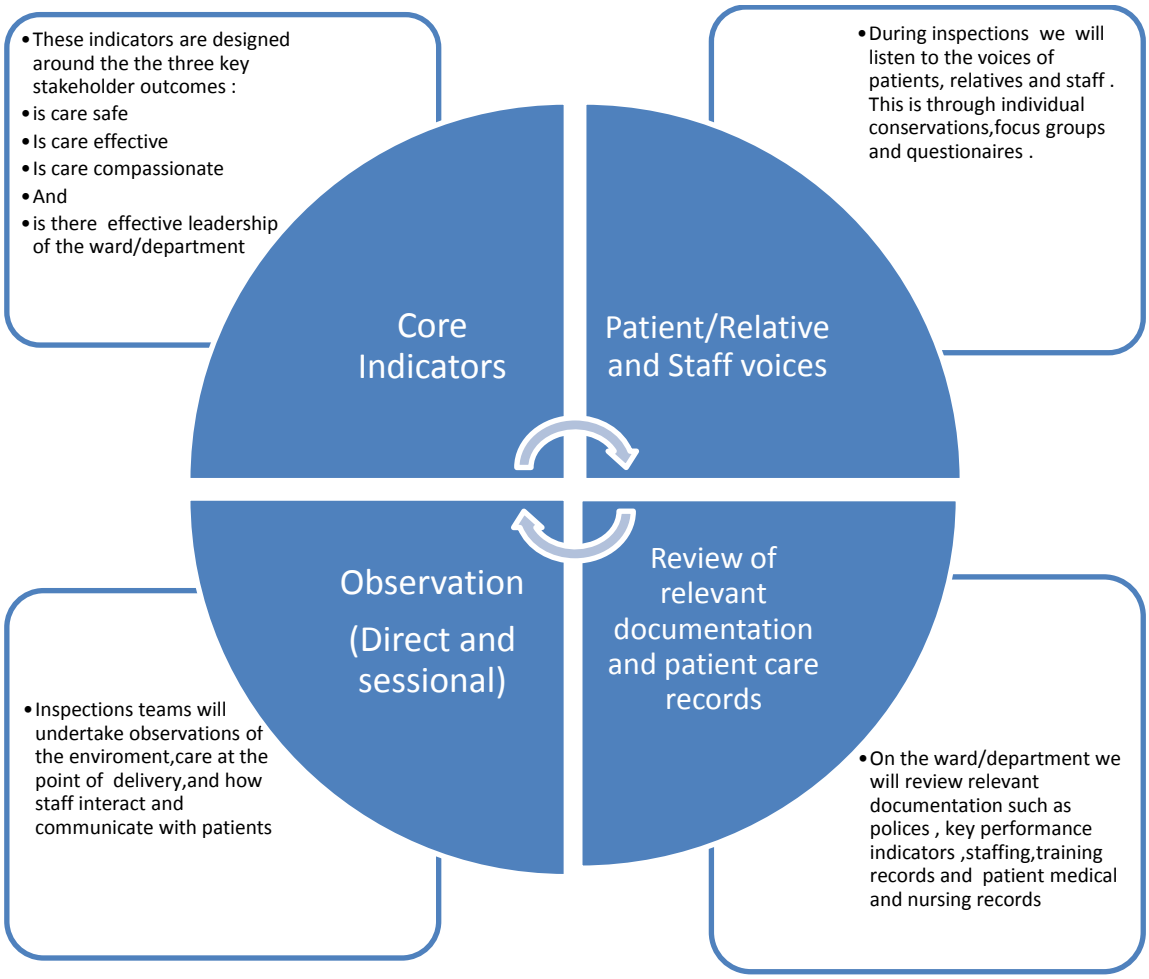
RQIA's acute hospital inspection programme is designed to support HSC trusts in understanding how they deliver care and to identify what works well and where further improvements are needed. The four domains assessed are:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the area well led?

An inspection framework has been designed to support the programme of acute hospital inspections and to assess key stakeholder outcomes.

The inspection framework includes:

- the use of data, evidence and information to inform the inspection
- core indicators
- feedback from patients, relatives/carers
- feedback from staff
- direct observation
- observation sessions - Quality of Interaction Schedule (QUIS)
- the review of relevant documentation and patients care records



The inspection process is supported by:

- the use of peer reviewers (staff who are engaged in the day to day delivery of health and social care)
- the use of lay assessors (service users and members of the public and who bring their own experience, fresh insight and a public focus to our inspections)
- NIMDTA medical staff and student nurses

Core Indicators

Core indicators are designed around 14 areas for inspection. Each area is underpinned by relevant criteria. Each indicator correlates to one aspect of the four domains of safe, effective, compassionate care, and leadership and management of the clinical area as outlined below.

Is Care Safe?	Is Care Effective?	Is Care Compassionate?
Environmental Safety and Infection Prevention and Control Patient Safety Medicines Management	Nursing Care Records Medical Care Records Nutrition and Hydration Pain Management Pressure Ulcers Promotion of Continence and the Management of Incontinence	Person Centred Care Communication End of Life Care This section includes the outcomes of patient and relative questionnaires' and observation sessions

Is the Area Well Led?
Leadership and Management of the Hospital

The inspection framework draws from a range of sources, including Department of Health (DoH) standards and guidelines, National Institute for Health and Care Excellence (NICE) Guidelines and other standards relevant to the delivery of safe, high quality care and treatment in a hospital setting. In addition, the inspection teams rely on other sources of published information such as HSC trust quality reports. The framework enables RQIA to reach a rounded conclusion as to the performance of wards or departments.

Our inspections can result in one or more of the following:

- **Examples of good practice**: impressive practice that not only meets or exceeds our expectations, but could be adopted by similar establishments, to achieve positive outcomes for patients.

- **Areas for improvement**: where performance against indicators or standards is found to require significant improvement and performance will be reviewed at future inspections.

This inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist across the hospital. The findings are informed only by the information which came to the attention of RQIA during the course of this inspection.

Learning from an inspection should be disseminated where applicable across the trust.

3.3 The Inspection Team

Acute Hospital Inspections will be led by RQIA's medical director, and carried out by a team of healthcare inspectors supported by a range of peer reviewers.

Generally an inspection team will include:

- the core team from RQIA: medical director, healthcare team inspectors and other specialist RQIA inspectors
- peer reviewers, drawn from a range of professions appropriate to the inspection
- a NIMDTA senior trainee
- a student nurse (when available)
- lay assessor(s)
- an RQIA inspection project manager/coordinator/administrative support
- RQIA; chief executive, director of nursing, director of social work as dictates

Peer Reviewers: are drawn from a pool of Health and Social Care Professionals, including Clinicians, Nurses, Social Workers, Pharmacists and Allied Health Professionals, who are currently working within Health and Social Care in Northern Ireland. The peer reviewer's role is to provide an independent assessment of the organisation/service against identified standards/guidance as part of a multidisciplinary team. Peer reviewers are required to participate fully in all discussions and contribute to the Healthcare Team's assessment of the organisation/service subject to inspection. Their findings are used to support the inspector's judgement on the service and will also be incorporated into the inspection report.

Northern Ireland Medical and Dental Training Agency (NIMDTA) Senior Trainee: RQIA is working in partnership with NIMDTA and is hosting a senior trainee post as part of their clinical leadership and development programme. A senior trainee will be involved in our Acute Hospital Inspection Programme, thus providing medical representation and input to the team. This approach will bring consistency to the healthcare team and inspection process.

Student Nurses: RQIA is working in partnership with universities in Northern Ireland to provide opportunities for year three nursing students to participate, as observers, in the Acute Hospital Inspection Programme. Due to limitations imposed by study timetables, not all inspections will include a student nurse; however RQIA will endeavour to do so when possible.

Lay Assessors: will support the inspection process by assisting with the collection of information using patient questionnaires. The information provided by patients and service users will be used to support the inspection findings and will also be included in the inspection report.

All team members will be provided with an inspection information pack designed to provide information to help team members prepare for the inspection visit.

3.4 Unannounced Site Visits

Inspections will generally be within working hours, including early mornings and evenings when required. Weekend and out of hours night time inspections will be considered as the programme develops. An inspection site visit will generally last three days, including deliberation, gathering of findings and the trust feedback session. If required the visit may be extended.

Organisations will normally receive an email and telephone call from the Chief Executive of RQIA, or nominated person, 30 minutes prior to the team arriving on site. However, at weekends or outside normal working hours this may not be possible. Inspectors will in these cases ask reception staff to contact the site manager.

On arrival, the RQIA project manager and inspection lead will make contact with the organisation's nominated affiliate to provide details of the wards or departments to be inspected. This will allow the organisations the opportunity to identify a senior representative to liaise with the healthcare team or to arrange any special requirements.

On arrival on the wards or departments to be inspected the healthcare team will, introduce themselves to the ward sister or nurse in charge. Inspectors will, dependent on the needs of the ward undertake a short briefing session for staff on how the inspection will be conducted.

The affiliate will be asked to provide a base room for the use of the healthcare team throughout the three day visit. This should be, as much as possible, within close proximity to the wards and should be capable of accommodating around 10/12 people.

The RQIA inspection project manager/administration co-ordinator will set up an inspection hub in the base room from which all inspection activity will be coordinated.

The affiliate will be asked to liaise with the project manager to co-ordinate a series of focus groups and rooms on day two of the inspection visit. A timetable for the focus groups along with suggested attendees will be provided. Each focus group will last for one hour.

The base room will be used for team debriefing and for staff interviews and focus groups as required.

3.5 Trust Information and Key Lines of Inquiry

Trusts on a quarterly basis will be asked to provide RQIA with a suite of information. This information will be used by the healthcare team to inform the inspection planning and process. A copy of information required is available on the RQIA website. www.rqia.org.uk

During the inspection, core inspection indicators will be used and supported by a number of other investigatory processes previously outlined and additional information gathering tools including:

- Ward Inspection and Mandatory Training Documentation Checklist
- Quality of Interaction Schedule (QUIS)
- Patient and Relative Questionnaires

A copy of the core indicators and each of these tools is available from the RQIA website. www.rqia.org.uk

This evidence will feed into the total information gathered to assess the quality of care provided. The degree to which patients on the ward are being treated with dignity and respect and that their assessed/required care needs are being met in accordance with evidence based practice and guidelines.

The inspection will, where necessary, include photographs of the environment and equipment for reporting purposes and primarily as evidence of assessments made. Not all photographs taken will be used in the reports. Photographs will help to enhance specific learning arising from inspection. No photographs of staff, patients or visitors will be taken in line with RQIA policy and procedure on the Use and Storage of Digital Images.[1]

Each inspection will include feedback sessions to outline key findings, any issues to be escalated and plans for follow-up or additional visits. Feedback will be given to individual wards and simultaneously to the trust's executive management team. Further analysis of the evidence will be required before a final outcome can be reached, and the report and provider compliance plan developed.

3.6 Judgment and Findings

The inspection framework is designed to enable the inspection team to reach a rounded conclusion as to the performance of the wards or departments subject to inspection.

This model of inspection (Figure 1) uses a systematic approach to assessment and supports the embedding of practice and quality improvement. The design and the content of the programme is underpinned by a sound evidence base.

[1] http://rqia-intranet.rqia.lan/Approved%20Policies%20and%20Procedures/Use%20and%20Storage%20of%20Digital%20Images%20Policy%20and%20Procedure.pdf

Figure 1:

Respecting diversity, promoting equality and ensuring human rights will help to ensure that everyone using health and social care services receives good quality care. RQIA has developed the inspection process to ensure that it considers a range of human rights principles. Using a human rights approach that is based on the rights that people hold, rather than what services should deliver, also helps us to look at care from the service user's perspective.

If inspectors identify areas of immediate risk within the core indicators, this will be reported to the ward sister in the first instance to allow immediate action to be taken.

3.7 Reporting and Action Planning

For each inspection, we produce a report covering findings from all the wards and departments we have inspected. The report will be clear, accessible and written in plain English.

Our reports focus on our findings in relation to our four key domains. We describe areas of good practice as well as areas for improvement. In our reports we clearly set out evidence to support our findings.

The organisation will receive preliminary findings and the draft report including a Provider Compliance Plan (PCP). The organisation will agree the factual accuracy of the draft report and return this along with the completed PCP to RQIA.

The healthcare team will work with organisations to discuss and correct any agreed errors of accuracy and further detail required in the PCP for the final report. In the event that agreement cannot be reached RQIA will append the communication, outlining any outstanding issues that have not been agreed.

3.8 Escalation, Enforcement and Follow Up Actions

During inspection, where we have identified concerns it may be necessary for RQIA to implement the RQIA Escalation Policy and Procedure[2] or RQIA Enforcement Policy [3]

The type of follow up will be dependent upon the severity of the issues identified at the inspection and subsequent action taken by the organisation.

The follow up may involve:

- Communication with the organisation either in writing or verbally
- Meeting with organisational representatives
- A follow up inspection
- Evoking the RQIA escalation policy

The need for this follow up inspection will be escalated to the trust Chief Executive and the time scale for the follow up inspection will be dependent on the concerns identified.

If the required improvement is not identified, RQIA will consider what action is appropriate dependent on the issues still outstanding. This may include escalation to the DoH, an improvement notice or further inspection.

[2] http://www.rqia.org.uk/cms_resources/Inspection%20Process%20V2%205_1.pdf
[3] http://www.rqia.org.uk/cms_resources/Enforcement%201_Final%20Published%20Document_Enforcement%20Policy_04_04_2013.pdf

Appendix 1 Hospitals to Be Included in the Three Year Inspection Programme

Larger Acute Hospitals

Hospital	Trust	Inspection Schedule*
Royal Victoria Hospital	BHSCT	Minimum of 2 inspections over 3 years. 3 areas on each inspection.
Belfast City Hospital	BHSCT	
Antrim Area Hospital	NHSCT	
Ulster Hospital	SEHSCT	
Craigavon Hospital	SHSCT	
Altnagelvin Hospital	WHSCT	

Smaller Acute Hospitals

Hospital	Trust	Inspection Schedule*
Musgrave Park Hospital	BHSCT	Minimum of 1 inspection over 3 years. 2 or 3 areas on each inspection.
Daisy Hill Hospital	SHSCT	
Causeway Hospital	NHSCT	
Mater Hospital	BHSCT	
South West Acute Hospital	WHSCT	
Downe Hospital	SEHSCT	
Lagan Valley Hospital	SEHSCT	
Royal Belfast Hospital for Sick Children	BHSCT	

Other Hospitals

Hospital	Trust	Inspection Schedule*
Mid Ulster Hospital	NHSCT	RQIA may inspect these hospitals if information indicates an inspection is required. These will continue to be subject to the regular inspections under the hygiene programme.
Whiteabbey Hospital	NHSCT	
South Tyrone Hospital	SHSCT	
Tyrone County Hospital	WHSCT	

* The inspection schedule above may vary dependent on availability and resources

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