

RQIA Announced Inspections of Nursing Homes

April 2010 – March 2011

Objectives

- Review key findings from 2009/10 inspections
- RQIA learning from 2009/10 inspection process
- Present 2010/11 inspection process
- Introduce the standards for 2010/11
- Provide guidance on completion of self-assessment
- Issue supporting materials

RQIA inspections in 2009/10

Standard 5 - Nursing Care

- The assessment and admission process was generally in keeping with good practice
- Re assessment was not always undertaken
- Prescribed interventions from Allied Health Professionals were in place. However this was not always sustained in practice
- Staff did not always record factual information about the care delivered.

RQIA inspections in 2009/10

Standard 6 Completion of Case Records

- Generally there were policies and procedures in place, however these were not always adhered to
- Record keeping was not in keeping with best practice
- Alterations of care records were generally not in keeping with best practice
- Providers recognised through the self assessment process that there were deficits regarding care records.

RQIA inspections in 2009/10

Standard 24 – Recruitment of Staff

- In general staff personnel records had improved from 08/09
- Legislative requirements were generally met
- Access NI
- N.M.C

RQIA inspections in 2009/10

Standard 30 - Staffing

- In general minimum staffing levels were adhered to
- Skill mix
- Impact of training on practice not well captured
- Competency and capability of staff

What did we learn?

Self-assessment

- Providers engaged very positively with self-assessment process
- Some well-evidenced returns received
- Part of public documents - worth making sure that content, spelling and grammar is as you would want it to be seen

What did we learn?

Inspections

- Initial apprehension around self-assessment process
- RQIA administration of the process
- Use of Excel
- Value of questionnaires - turnaround time
- Constrained by process in terms of engagement with users
- Response to Quality Improvement Plans etc.
- Issues arising

What did we learn?

User feedback

- Questionnaires return levels often low
- Misinterpretation of questions in some settings
- Face-to-face discussions gave better quality feedback

What did we learn about the process for 2010/11

- Better guidance for self-assessment
- Better guidance for RQIA staff to ensure consistency and standardisation of approach by RQIA staff
- Revised levels of achievement, we have added a not applicable section which we will discuss later
- Word version of workbook

Process for 2010/2011 Inspections

6 Weeks before the inspection

- Notification of Inspection is issued
- Self assessment is emailed

Processes for 2010/11 Inspections

2 weeks before the inspection

- Return completed self-assessment
- Contact RQIA Team if any problems
- Lead inspector reviews submitted documentation
- Self assessment transferred into report
- Opportunity to demonstrate good practice
- Distribute Questionnaires to Professionals

Processes During Inspection for 2010/2011 Inspections

During Inspection:

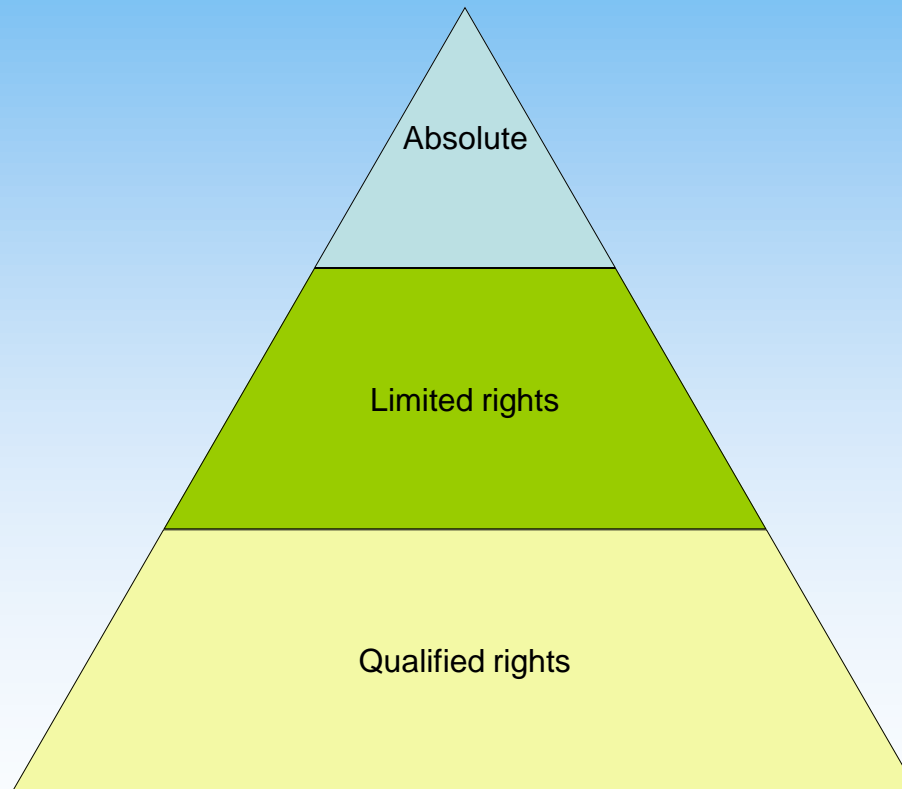
- Previous Inspection Outcome
- Distribution of Questionnaires to Service Users / Representatives and Staff
- Review of 4 Standards and Validating Evidence
- Face to Face Engagement with Service Users / Representatives and Staff
- Inspection levels of achievement – linked to Regulations and Requirements
- Outcomes discussed and agreed

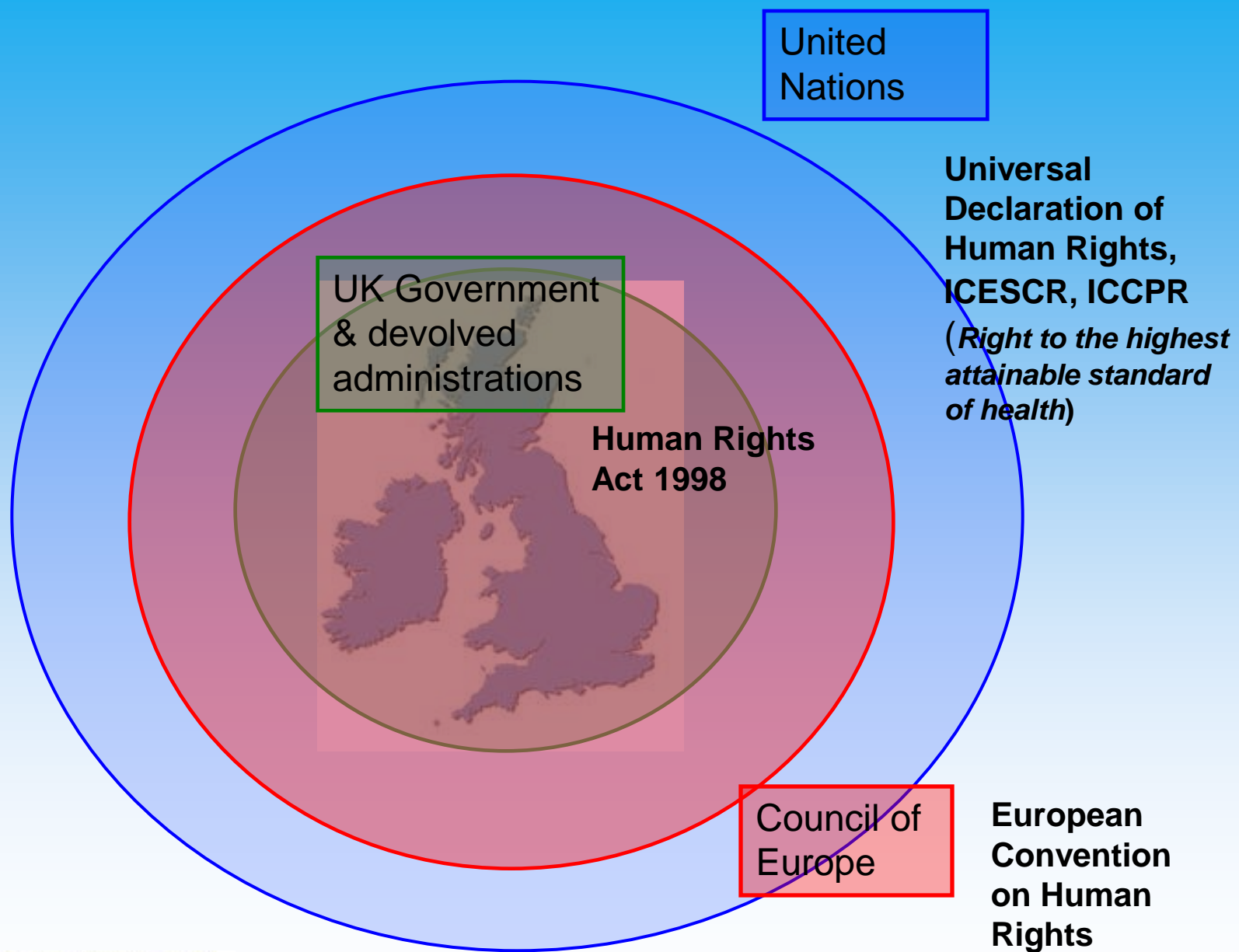
Processes for 2010/11 inspections

After inspection

- 28 days: draft report and QIP issued
- Further 28 days: provider returns QIP
 - Report is open after 28 days
 - RQIA website

Human rights approach





Standards for 2010/11

Standard 5 – Nursing Care

Patients receive safe, effective nursing care, based on a holistic assessment of their care needs, that commences prior to admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

- *Outcome focus: The service needs to show how nursing care is assessed, planned, implemented and evaluated.*

Standard 5

- Validated Assessment tool to form a plan of care
- Comprehensive assessment and reassessment process implemented
- Named Nurse identified
- Contemporaneous – exact record of care delivered. Outcome- or example is someone is on antibiotic- have they improved/deteriorated

Standard 5 Continued

- Evidence of Service User involvement
- Evidence of multi disciplinary involvement
- Evidence that the care delivered is monitored, recorded and evaluated

Standard 6 – Completion of Case Records

Patients' case records are accurate and up to date

Outcome Focus:-

Case records are being maintained in keeping with legislative and best practice guidance

Standard 6

- A robust policy and procedure should be in place
- Evidence that records are contemporaneous, and in keeping with best practice
- Alterations made – Best Practice
- Factual records of all care and treatment are to be maintained

Standard 8 – Nutrition

Nutritional needs of patients are met

Outcome Focus:-

A holistic approach is undertaken to meet the individual nutritional needs of the patient

Standard 8

- A validated assessment tool
- Appropriate nutritional guidance is sought and subsequent care delivered
- Reassessment is continuous and on-going with multi disciplinary input
- An appropriate care plan is followed, following assessment
- Evidence that all staff are involved in assisting patients.

Standard 12 – Meals and Mealtimes

Patients receive a nutritious and varied diet in appropriate surroundings and times / convenient to them

Outcome Focus:-

Patients receive a nutritious and varied diet which meets their individual dietary needs and preferences in appropriate surroundings.

Standard 12

- Relevant guidance in menu planning should be sought and implemented
- Input from relevant Allied Health Professionals should be evidenced in the plan of care and assessment process
- Menu choices should be varied and clearly displayed
- Meals should be provided at customary intervals with fresh drinking water available at all times

Standard 12 continued

- Risks are clearly identified, recorded and managed
- Robust records of meals provided and/or taken must be maintained and referrals made as appropriate

Self-assessment example

What are we looking for?

12.1: Patients are provided with a nutritious and varied diet which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents provided by dietitians and other professionals and disciplines

Self-assessment example – 12.1 continued

- A clear policy and procedure is available and adhered to
- How are the Menu quality assured
- How are individual preferences indicated or assessed
- Process for user involvement
- Evidence in the records of food served and Menu variations
- Staff Knowledge which is up to date and evidences best practice
- How are recommendations and advice given by dieticians and other professionals communicated and implemented and made available
- Identify the relevant guidance documents used

Levels of Achievement

| Level of Achievement | Definition |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Not applicable | The criterion is not applicable to this service setting. |
| Unlikely to be achieved | The criterion is unlikely to ever be achieved. |
| Not achieved | The criterion is unlikely to be achieved in full prior to end of March 2011 . For example, the service has only started to develop a policy and implementation will not take place until after March 2011. |
| Partially achieved | Work has been progressing satisfactorily and the service is likely to have achieved the criterion prior to end of March 2011 . For example, the service has developed a policy and will have completed implementation by end of March 2011. |
| Substantially achieved | A significant proportion of action has been completed to ensure the service performance is in line with the criterion. For example, a policy has been developed and implemented but a plan to ensure practice is fully embedded has not yet been put in place. |
| Fully achieved | Action has been completed that ensures the service performance is fully in line with the criterion. For example, a policy has been developed, implemented, monitored and an ongoing programme is in place to review its effectiveness. |

Maturity Matrix

| Level of Maturity | Definition |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Aware | The service is aware of the issues to be addressed but are unable to demonstrate decisions/actions to address them. |
| Responding | The service recognises the key issues and has identified options that are prioritised, although there is no evidence of strategic direction. |
| Developing | The service is taking steps to address the key issues through the development of strategic plans with evidence of good practice across the organisation. |
| Practising | The strategic agenda is being progressed and monitored by the service with significant evidence of continuous improvement across the organisation. |
| Leading | The service is leading the strategic agenda through the implementation of innovative practice that is shared across and beyond the organisation to others, enabling realisation of long term sustainability. |

Questions

**Your questions about
the standards for 2010/11**

Regulation and Quality Improvement Authority (RQIA)

www.rqia.org.uk