



The **Regulation** and  
**Quality Improvement**  
Authority

# **INSPECTION PROCESSES** **(Methodology, Follow-Up and Reporting)**

## **INFECTION PREVENTION/HYGIENE TEAM**

**January 2010**

informing and improving health and social care  
[www.rqia.org.uk](http://www.rqia.org.uk)

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## 1.0 Introduction

The RQIA infection prevention and hygiene team was established to undertake a rolling programme of unannounced inspections to acute hospitals. This programme was reaffirmed in the launch of the updated version of "Changing the Culture" Strategic regional action plan for the prevention and control of healthcare-associated infections (HCAIs) in Northern Ireland.

RQIA have revised their inspection processes (process flowcharts Appendix 2 and 3) to support the publication of the DHSSPS Regional Healthcare Hygiene and Cleanliness standards.

The aims of the infection prevention/hygiene team are:

- to provide public assurance and to promote public trust and confidence
- to contribute to the prevention and control of HCAI
- to contribute to improvement in hygiene, cleanliness and infection prevention and control within the RQIA agenda of improvement across health and social care in Northern Ireland

In keeping with the aims of the RQIA the team will adopt an open and transparent method for inspection using standardised processes and documentation.

The inspection process will operate within RQIA values:

- **Independence** - upholding our independence as a regulator in order to maintain public confidence in the services we deliver
- **Inclusiveness** - promoting public participation and building effective partnerships internally and externally
- **Integrity** - being honest, open, transparent and consistent in all our dealings with our stakeholders
- **Accountability** - being accountable and taking responsibility for our actions
- **Professionalism** - providing professional, effective and efficient services in all aspects of our work (internally and externally)
- **Effectiveness** - being an effective regulator - forward-facing, outward-looking and constantly seeking to develop and improve our services

## 2.0 Purpose of the paper

The purpose of this paper is to inform the public, the DHSSPS, HSC Board, PHA and HSC Trusts of the methodology to be used for infection prevention/hygiene inspections.

This paper should be read in conjunction with:

- Infection Prevention/ Hygiene Team Inspection Protocol (this document contains details on how the inspections are carried out and the composition of the teams)
- Infection Prevention/ Hygiene Team Escalation Policy
- RQIA policy and procedure for Use and Storage of Digital Images
- Audits developed to support the process.

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### 3.0 Inspections

The infection prevention/ hygiene team will carry out announced and unannounced inspections in acute and non acute hospitals in Northern Ireland in a rolling three year programme to assess compliance with the DHSSPS Regional Healthcare Hygiene and Cleanliness standards.

Hospitals will be categorised dependent upon the number of beds and specialist areas. The number of inspections and areas to be inspected will be proportionate to the type of services provided and the size of the hospital, if a follow up inspection is required or if issues of public concern arise. However if any of the key indicators are triggered a follow up inspection will be undertaken as outlined in sections 3.6.4 to 3.6.8. A list of hospitals and their categories to be included in the inspection process is attached at Appendix 1.

Inspections will include key areas within the patient journey and any other areas identified through proportionate risk assessment. The announced inspection will review the governance arrangements and systems in place to ensure that hygiene and infection prevention and control policies and procedures are working in practice.

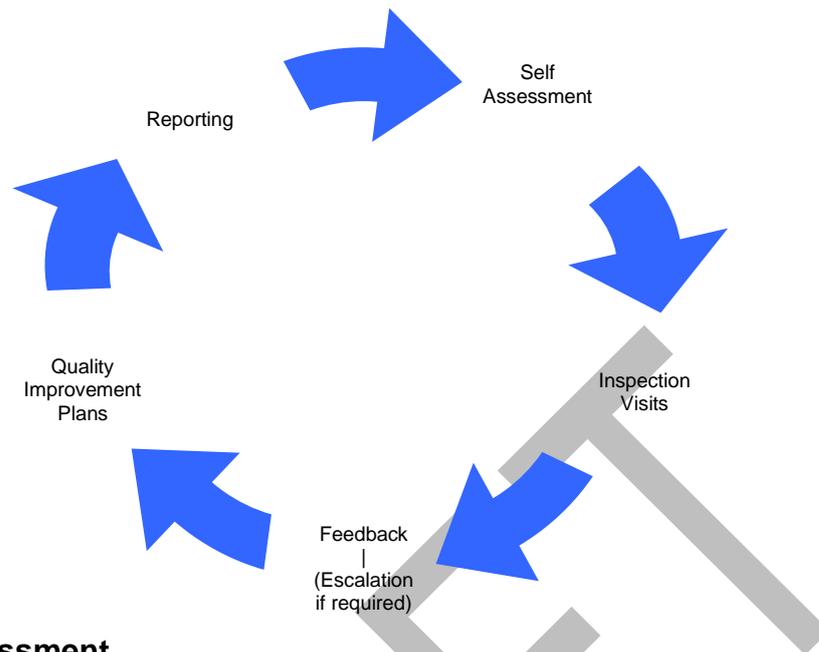
This approach will allow for the development of the inspection programme to other areas such as, Community Hospitals, Mental Health and Learning Disability facilities and Specialist Hospitals, (see appendix 1), Primary Care, Specialist areas, the Northern Ireland Ambulance Service and regulated services when required. Inspections may be targeted or themed:

- Targeted inspections may involve inspections to areas where there have been issues of public concern or an increase in the rate of infections
- Themed visits or reviews may include a particular focus on a type of hospital, areas or processes

The inspections will be undertaken in accordance with the four core activities outlined in the RQIA Corporate Strategy, these include:

- **Improving care:** we encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care
- **Informing the population:** we publicly report on the safety, quality and availability of health and social care
- **Safeguarding rights:** we act to protect the rights of all people using health and social care services
- **Influencing policy:** we influence policy and standards in health and social care

### 3.1 The methodology/process of announced inspections includes:



### 3.2 Self assessment

**3.2.1** The announced inspection will use an electronic self assessment to gather information and documentation required regarding compliance against the standards, in addition mandatory surveillance data for alert organisms will be used to risk assess and inform the inspection process. The information collected will be reviewed and validated on inspections.

### 3.3 Announced inspections (Flowchart Appendix 2)

**3.3.1** Organisations will receive a minimum of six weeks notice which is in line with the regulatory inspections within RQIA (they will not receive any notice of areas to be inspected). The self assessment issued at this time should be returned three weeks prior to the inspection. The organisation will be issued with a draft on-site programme at this time to allow for identification of representatives who may wish to accompany inspection teams and to provide a contact affiliate for the inspection.

**3.3.2** Announced inspections will generally be within working hours including evenings. Weekend and out of hours night time inspections will be carried out if required.

**3.3.3** A final on-site programme (including the type of area to be inspected e.g. medical, surgical etc) will be sent to organisations one week prior to the inspection

**3.3.4** Inspections will usually last up to two days and include a review of systems and governance assurance, inspection of facilities or areas and feedback on outcomes or learning.

- 3.3.5** An audit tool based on the DHSSPS Regional Healthcare Hygiene and Cleanliness standards will be used during the inspection. In addition RQIA may use questionnaires devised from the audit tool to obtain information from staff and patients. Where applicable audit tools for specialist areas will be devised, these will be made available to organisations/relevant parties prior to the inspection of these areas.
- 3.3.6** When inspections, to specialised areas for example, Theatres or Intensive Care Units, are part of the inspection, the organisation may receive at least one week's notice; this is to ensure any special access requirements can be addressed prior to the inspection.
- 3.3.7** During inspections the team will need to have access to monitoring reports, care records (if required), policies and procedures within facilities/ areas.
- 3.3.8** 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".
- 3.3.9** An evaluation form for inspections will be devised and a copy for information purposes will be made available prior to inspections. This will provide information for RQIA to evaluate and inform the inspection process.
- 3.3.10** The inspections will be carried out by the RQIA infection prevention/hygiene team and supplemented when required by peer reviewers from a range of disciplines. When peer reviewers are to be part of the inspection training will be provided if required. Inspectors/ peer reviewers will follow the "Infection prevention/hygiene team inspection protocol" which is also available on the RQIA website.
- 3.3.11** The inspection will conclude with a feedback session to outline key findings and the process for the report and action plan development.

### **3.4 Unannounced inspections (Flowchart Appendix 3)**

- 3.4.1** Organisations will normally receive an email and telephone call by 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, on these inspections inspectors will ask the reception to contact the site manager.

- 3.4.2** Unannounced inspections will generally be within working hours including evenings. Weekend and out of hours night time inspections may be carried out.
- 3.4.3** Inspection will generally last one day and will include inspection of areas/ facility, if required the visit may be extended.
- 3.4.4** On arrival the inspection team will, if required, leave details of the areas to be inspected at the reception desk. This will allow the organisations the opportunity to identify a senior representative to contact the inspection team or to arrange any special requirements.
- 3.4.5** An audit tool based on the DHSSPS Regional Healthcare Hygiene and Cleanliness standards will be used during the inspection. In addition RQIA may use questionnaires devised from the audit tool to obtain information from staff and patients. Where applicable audit tools for specialist areas will be devised, these will be made available to organisations prior to the inspection of specialist areas.
- 3.4.6** When inspections to specialised areas are part of the inspection, for example, Theatres or Intensive Care Units, the organisation may receive at least one week's notice; this is to ensure any special access requirements can be addressed prior to the inspection. Any audit tools for specialist areas will have previously been made available to organisations.
- 3.4.7** During inspections the team will need to have access to monitoring reports, care records (if required) and policies and procedures within areas inspected.
- 3.4.8** The inspection will, where necessary, include taking digital 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 the RQIA policy on the " Use and Storage of Digital Images".
- 3.4.9** The inspections will be carried out by the RQIA infection prevention/ hygiene team and supplemented when required by peer reviewers from a range of disciplines. Inspectors/ peer reviewers will follow the "Infection prevention/ hygiene team inspection protocol" which is available on the RQIA website.
- 3.4.10** The inspection will conclude with a feedback session to outline key findings and the process for the report and action plan development.

## 3.5 Reports

**3.5.1** The organisation will receive the preliminary action plan within 14 days and the draft report within 28 days in line with RQIA regulatory processes.

**3.5.2** The detailed preliminary action plan should have the proposed action recorded and returned with the draft report. The Quality Improvement Plan attached to the report will highlight the high level recommendations and requirements (the detailed list will be available on request)

The definition of **requirement** is as follows:

- Any action falling within the regulatory framework (regulated facilities only)

The definitions of **recommendation** are as follows:

- The action required to comply with the Regional Healthcare Hygiene and Cleanliness standards
- Other issues which may impact on patient care which relate to regional/ national guidance and best practice

**3.5.3** The organisation will agree the factual accuracy of the draft report and return the signed Quality Improvement Plan to the RQIA within 14 days of receiving the draft report.

**3.5.4** The inspection team will work with organisations to discuss and correct any agreed errors of accuracy/ fact in preparation of 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.

**3.5.5** The organisations will receive the final open inspection report prior to its publication and making it accessible in the RQIA website. The Report and Quality Improvement Plan for inspections in HSC Trusts will also be forwarded to the HSC Board and PHA for onward performance management.

**3.5.6** If serious concerns regarding patient/client care are identified, which require a follow up inspection within 4 weeks of the initial inspection, the DHSSPS/HSCB/PHA will be advised. The report will not become open until the follow up inspection has taken place. The final report will then follow the process outlined above

**3.5.7** Organisations should commence work on the findings of the inspection as soon as the inspectors have given the initial feedback at the end of the inspection and formalised on receipt of the inspection report.

**3.5.8** In line with the RQIA core activity of influencing policy, RQIA may formally advise the DHSSPS, HSC Board and the Public Health Agency of a requirement to take account of emerging evidence which may have implications for best practice.

### **3.6 Follow up**

**3.6.1** The inspection team will follow up progress with the implementation of the Quality Improvement Plan (QIP). This will take place within three months of the inspection. 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. Where issues have reached the threshold of the RQIA Escalation policy these will be reported to the DHSSPS, HSC Board and the Public Health Agency.

**3.6.2** The follow up may involve:

- Communication with the organisation either in writing or verbally
- Meeting with organisational representatives
- Announced inspection
- Unannounced inspection
- Evoking the RQIA escalation policy

**3.6.3** If a follow up visit is undertaken a report will be produced on the findings of the inspection except as outlined in section 3.5.6 In this instance the findings of both inspections will be included in the one report.

#### **3.6.4 Follow up Indicators**

##### **The QIP is not produced within the agreed timescale**

**Action:** A member of the infection prevention/ hygiene team will contact the organisation and determine the reason for the delay; if a valid reason is given the timescale will be reset. If no valid reason is given this should be escalated to the RQIA Director of Operations and a letter sent to the Chief Executive/ Registered Person of the organisation requesting the QIP to be completed and returned to RQIA. If after an agreed period, the QIP is still not produced a formal letter will be sent by the Chief Executive of the RQIA to the Registered Person/ Chief Executive of the trust indicating the timescale for resolution. For HSC Trusts this will be copied to the HSC Board and PHA for onward performance management.

##### **3.6.5 The QIP is inadequate or not fully completed**

**Initial Action:** The QIP is returned to the organisation for clarification or amendment for a maximum of two times. This may also be accompanied by a phone call.

### **3.6.6 The QIP is still inadequate or not fully completed**

**Action:** A formal letter will be sent by the Chief Executive of the RQIA to the Chief Executive /Registered Person of the organisation indicating a timescale for resolution and the procedure for escalation. If the QIP still remains inadequate or is not fully completed in regulated facilities the RQIA enforcement procedure will be followed. For HSC Trusts this will then be escalated by the Chief Executive of the RQIA to the HSC Board and PHA.

### **3.6.7 If significant patient/client safety concerns are identified during the inspection**

**Action:** These will be highlighted at the formal feedback session and a letter will be sent by the Chief Executive of the RQIA to the Registered Person/ Chief Executive of the organisation and copied to the HSC Board and PHA.

**Further Action:** A follow up visit within four weeks may be undertaken dependent upon the severity of the findings and based on risk assessment and professional judgement. Onward communication on action taken will be communicated as outlined in the escalation policy.

### **3.6.8 Additional Key Indicators for inspections or follow up inspections**

- If any two sections within standards 7(Hygiene Practices) of the Regional Healthcare Hygiene and Cleanliness standards are minimally compliant
- If any two sections of the audit are minimally compliant
- If the overall score for the area is minimally compliant
- If high risk areas within the audit tool are minimally compliant
- A follow up inspection is required based on professional judgement
  
- If a serious issue is identified on inspection even though a compliant or partially compliant score has been achieved
- A complaint received by the RQIA may indicate that an inspection is required
- A request has been made by the DHSSPS, HSC Board or PHA

- Media attention
- A serious issue not included in the audit tool may be identified during an inspection which may require some level of follow up, the type of follow up will be dependent on the level of risk identified.

### **3.7 Escalation**

**3.7.1** During inspection it may be necessary for RQIA to implement the infection prevention/ hygiene team escalation policy. The process is outlined in the escalation flowchart (Appendix 4) and detailed in the escalation policy.

**3.7.2** This includes communication to the DHSSPS, HSC Board and the Public Health Agency.

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## Appendix 1 Hospitals to be included in 3 year rolling programme

Hospitals over 450 beds	Trust	No. of beds	Category	No. of Inspections and Areas
Royal Victoria Hospital	Belfast	633	AH 1	3 inspections over 3 years. 4 areas on each inspection.
Belfast City Hospital	Belfast	529	AH 1	
Antrim Area Hospital	Northern	507	AH 1	
Ulster Hospital	South Eastern	537	AH 1	
Craigavon Hospital	Southern	476	AH 1	
Altnagelvin Hospital	Western	459	AH 1	
Royal Belfast Hospital for Sick Children		99	AH 1 Regional speciality	2 areas on each inspection
<b>Hospitals over 140 beds</b>				
Musgrave Park Hospital	Belfast	286	AH 2	2 inspections over 3 years. 2/3 areas on each inspection.
Daisy Hill Hospital	Southern	241	AH 2	
Causeway Hospital	Northern	238	AH 2	
Mater Hospital	Belfast	220	AH 2	
Erne Hospital	Western	203	AH 2	
Lagan Valley Hospital	South Eastern	145	AH 2	
<b>Hospitals less than 140 beds</b>				
Mid Ulster Hospital		83	AH 3	2 inspections over 3 years. 1/2 areas inspected on each inspection.
Whiteabbey Hospital		67	AH 3	
Downe Hospital		55	AH 3	
South Tyrone Hospital		45	AH 3	
Tyrone County Hospital		44	AH 3	

**NB-** Royal Belfast Hospital for Sick Children has been included in the AH1 category as it is the regional hospital for children.

**Appendix 2 Hospitals to be included in the inspection process  
(similar to targeted inspection in Maternity Units and  
Acute Psychiatric Hospitals in 2009)**

<b>Trust</b>	<b>Psychiatric Hospitals</b>
<b>Belfast</b>	
	Knockbracken Health Care Park
	Mater Hospital
	Windsor
	Beechcroft
	Foster Green
<b>Northern</b>	
	Holywell Hospital
	Causeway Hospital
<b>South Eastern</b>	
	Downshire
	Lagan Valley Hospital
	Ulster Hospital
	Downe
<b>Southern</b>	
	St. Lukes
	Bluestone
<b>Western</b>	
	Tyrone and Fermanagh
	Gransha

**\*Acute psychiatric wards will not be subject to an inspection in the next 3 years unless specific problems or concerns are identified.**

<b>Trust</b>	<b>Learning Disability Hospitals</b>
<b>Belfast</b>	
	Muckamore Abbey
<b>Southern</b>	
	Longstone
<b>Western</b>	
	Lakeview

<b>Trust</b>	<b>Community Hospitals</b>
<b>Northern</b>	
	Braid Valley
	Dalriada
	Robinson Memorial
	Moyle
<b>South Eastern</b>	
	Bangor
	Ards

<b>Southern</b>	
	Lurgan
	Armagh
<b>Western</b>	
	Waterside

<b>Specialist Units</b>
NI Cancer Centre
School of Dentistry
Regional Brain Injury Unit
Thompson House
Foster Green

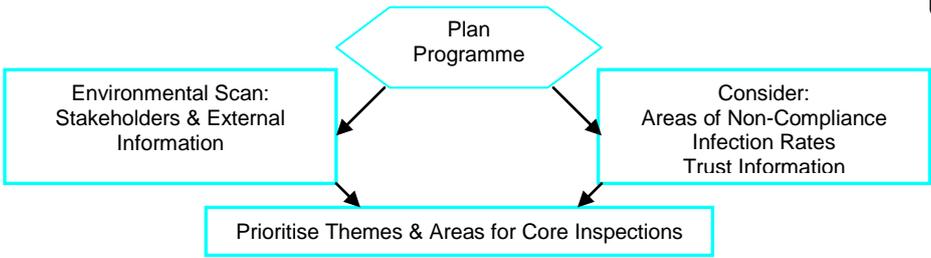
**The 3 year rolling programme may also include inspections to:**

- Primary Care
- NI Ambulance Trust
- Specialist areas (Theatres, ICU etc )
- Regulated services

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# Appendix 3 Announced Inspection Process

Plan Programme



Prior to Inspection Year

Balance Programme

Notification of Inspection

January/February

Schedule Inspections

Identify Inspection Team

6 weeks prior to inspection

Notify organisation of inspection date and send draft programme and self assessment

Make request for supplementary information from organisation eg: Policies & Procedures Management Audits

Organisation advises of affiliate for inspection

3 weeks prior to inspection

Organisation returns self assessment and supplementary information

Is all information returned?

NO

YES

IPHTeam analyse returned information

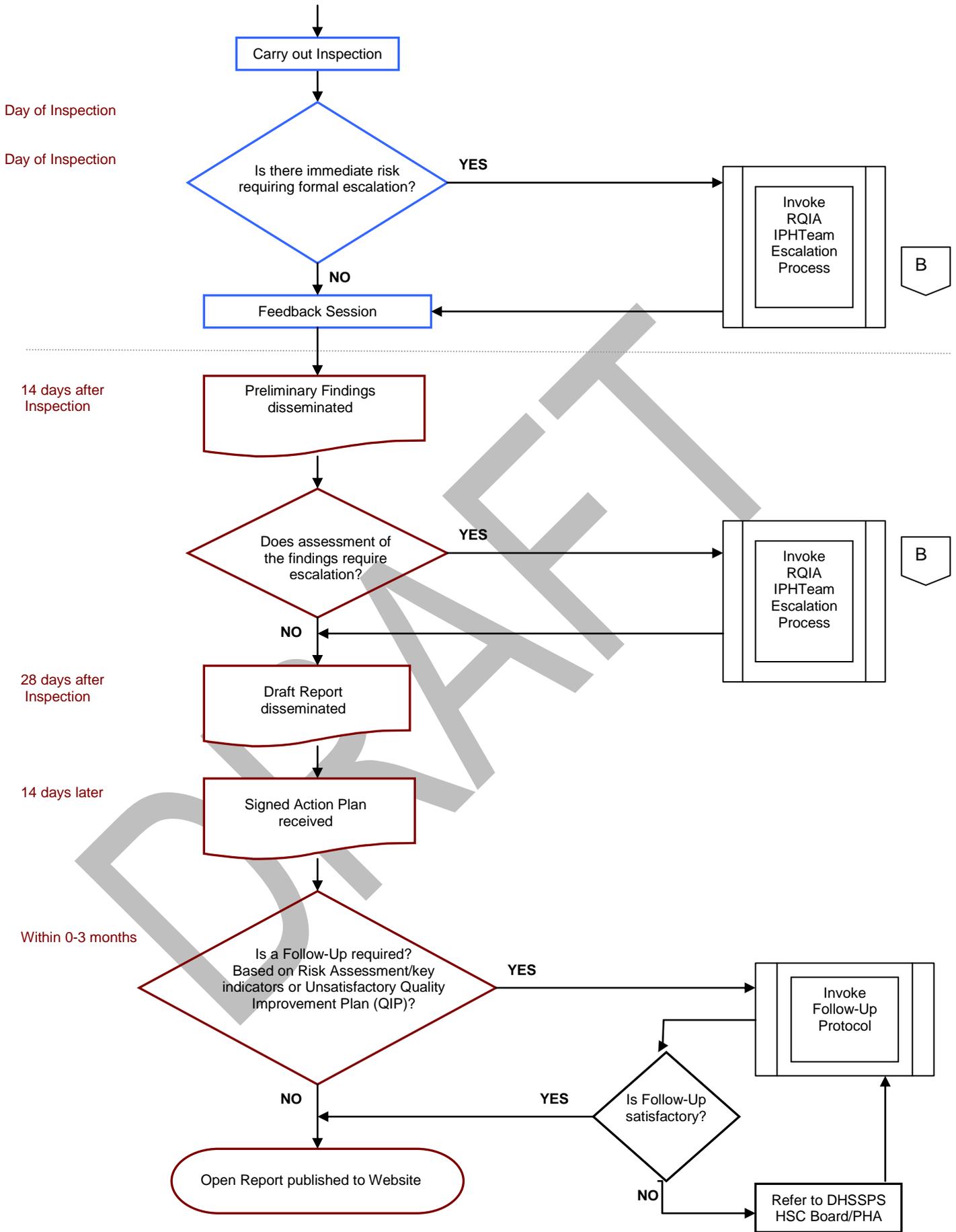
IPHTeam identify areas to be inspected

Prepare Inspection Team

1 week prior to inspection

Notification of final on-site programme

Action

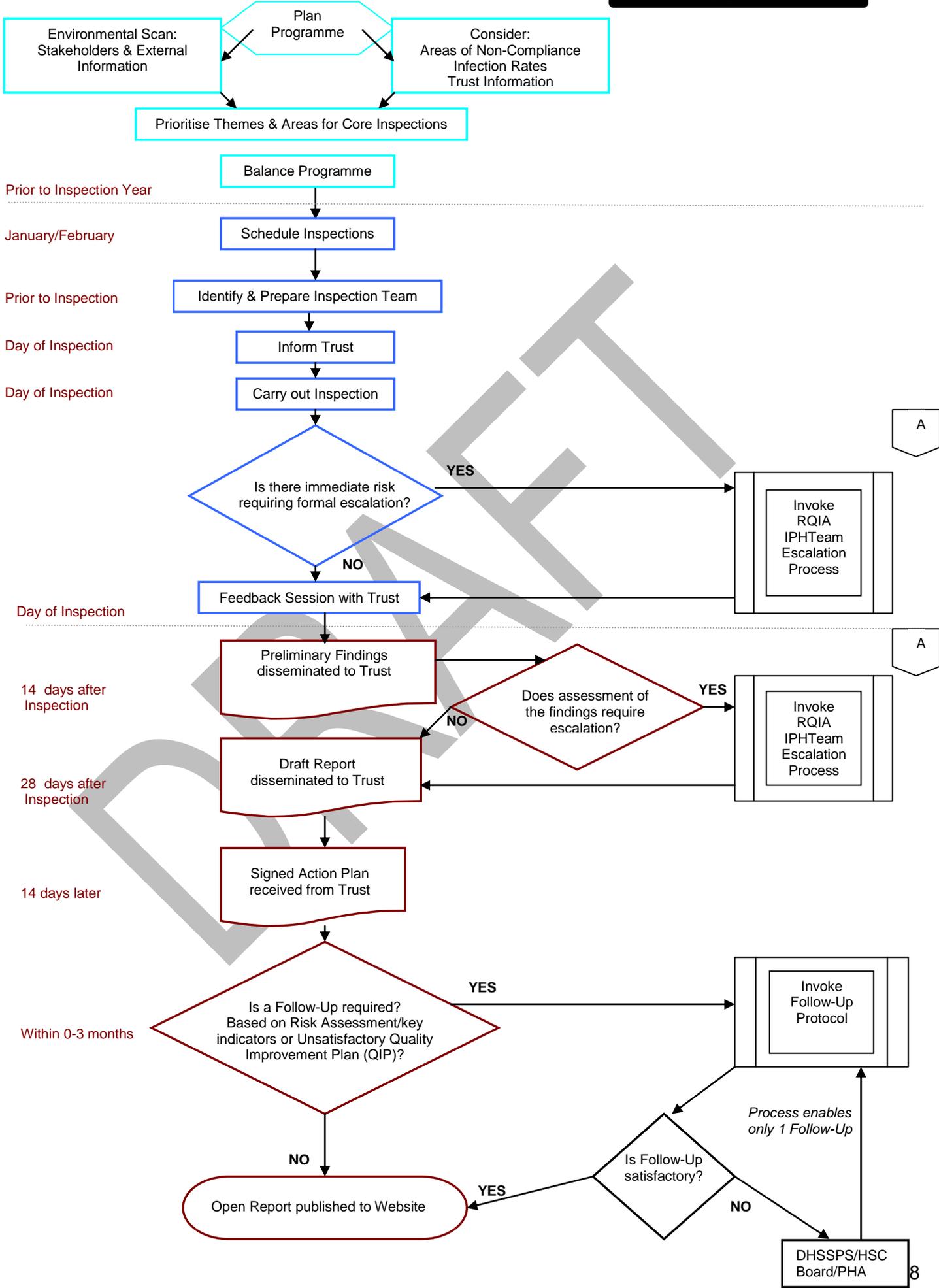


# Appendix 4 Unannounced Inspection Process

Plan Programme

Episode of Inspection

Reporting & Re-Audit



# Appendix 5

## RQIA Hygiene Team: Escalation Process

