



Self Assessment and Compliance Plan Workbook to address HIQA Enhanced Monitoring Approach (Feb 2018) in Designated Centres for People with Disabilities

Workbook Guidance Document

Last updated 23 April 2018

Introduction

Following a review of how HIQA monitors and inspects designated centres for older people and people with disabilities, HIQA introduced an enhanced authority monitoring approach (AMA) in February 2018. This updated approach incorporates what the authority has researched, learned, and feedback received over the past 10 years to ensure that regulation is efficient and effective.

To support implementation of the enhanced approach, HIQA published a number of guidance documents including the *Assessment Judgment Framework for Disability Services (5 Feb 2018)*. The Framework sets out the lines of enquiry to be explored by inspectors in order to assess compliance with the regulations and/or standards being monitored or assessed.

In order to assist residential disability services in understanding and addressing the enhanced HIQA monitoring approach, the Quality Improvement Division worked with a number of local disability services to develop an Excel workbook to support a process of self-assessment. The workbook is based on the *Assessment Judgment Framework*, and includes a process for self-assessment as well as the development of a time-bound compliance plan to address any identified areas for improvement. It is anticipated that this workbook will prove useful for services, not only in addressing and maintaining compliance with HIQA standards and regulations, but also in completing related reports such as the 6-monthly and Annual Report for their service.

The Excel workbook contains four worksheets:

1. Cover Sheet
2. Summary of Status
3. Capacity & Capability Self-Assessment and Compliance Plan
4. Quality & Safety Self-Assessment and Compliance Plan

This Guidance Document explains the purpose and content of each worksheet, and how to complete each in order to self-assess your service's compliance with standards and regulations as part of the enhanced monitoring approach.

General Notes / Working in Excel

- **Dates:** Throughout the workbook, where a date is required please enter it in the DD/MM/YYYY format e.g. 02/04/2018. Please note it is important to use the backslash "/" between the day, month and year for the embedded formulas to recognise the data entered and make related calculations.
- **Saving the file:** Each time you update information on any of the worksheets, you should '**save as**' using the current date, so that you will be able to keep track of your progress from your previous assessment.
- **Viewing cell contents:** Some cells contain a lot of information, and at first look you may not be able to see all of the detail contained in the cell. To open up the cell fully, double-click on the cell and

you will be able to see all of the information in the cell. You can alternatively expand the width of the row, but bear in mind this will have an impact when you print out the worksheet.

- **Numbering:** While some of the numbering of the various Standards, Regulations and Lines of Enquiry may appear to be out of order, they are in keeping with how they are presented in the HIQA Assessment Judgment Framework document. To ensure consistency in content, the Workbook mirrors the HIQA document.

Worksheet 1 - Cover Sheet

This sheet captures basic information for your service , including:

- The name, title, and signature of the person who completed the self-assessment, as well as the date the document was completed;
- The name, title, and signature of the designated Person in Charge (PIC) of the unit/house, and the date the workbook was received by him/her;
- The name, title, and signature of the Registered Provider Representative, and the date the workbook was received by him/her.

Please remember all dates must be entered in the DD/MM/YYYY format.

As regards the signature box, how this is completed should be agreed locally with relevant line management. In the absence of a HSE-approved programme to embed an electronic signature in the file, QID would recommend either of the following options:

- When the self-assessment and compliancy plan are complete: print the Cover Sheet, manually sign it, and keep on file.
- or*
- Complete the cover sheet electronically with the understanding that a typed name in the “signature” box constitutes a digital acknowledgement in lieu of a signature for the purpose of this document.

The reason we have recommend the two options above is because it is not advisable to paste a scanned copy of your signature into an unprotected Excel document, for digital security reasons.

Worksheet 2 - Summary of Status

This worksheet displays a summary of your service’s self-assessed compliancy status and as well as the status of the compliance plan in both table and bar chart format. This worksheet is automatically populated from Worksheets 3 and 4, and therefore you do not need to put any information into this worksheet yourself. The purpose of this sheet is to give you a “quick glance” summary overview of the service.

The worksheet is divided into three sections, from top to bottom. The first section is a summary of the services’ total status in relation to its self-assessed compliance and compliancy plans for both dimensions together (capacity & capability and quality & safety), and then sections 2 and 3 are for each of the dimensions separately.

The table and bar charts for **Current Compliancy Status** relate to the three HIQA compliance descriptors, as outlined in the Assessment Judgment Framework (Compliant, Substantially Compliant, Not Compliant) as well as “To Be Determined” to identify the number of regulations/standards that have not yet been self-assessed.

The table and bar charts for **Current Compliance Plan Status** relate to the service’s plan to achieve compliance where there were any self-assessed judgments of Substantially Compliant or Not Compliant. This includes:

Compliant / No Action Required – no compliance plan is required as the service is compliant.

Completed – actions relating to the compliance plan have been completed.

Not Yet Due – an action has been identified to progress compliance, and the due date has not yet passed.

Late – an action has been identified to progress compliance, and is now on or past the date it was due to be completed.

To be determined – the service has yet to self-assess its status regarding compliance for this standard/ regulation.

Worksheets 3 (Capacity and Capability) and Worksheet 4 (Quality and Safety)

These two worksheets reflect Standards, Regulations, and Lines of Enquiry outlined in the HIQA *Assessment Judgment Framework*. Worksheet 3 is in respect of the Capacity and Capability Dimension, and Worksheet 4 is for the Quality and Safety Dimension.

At the top each worksheet (cell A4) **please ensure you insert the date you last updated this Excel sheet. All dates must be entered in DD/MM/YYYY format.**

You will also note at the top of the worksheets, there are two tables and bar charts. These give a summary of your services' self-assessed compliance, as well as the status of the compliance plan actions. The data in the tables and the bar charts automatically updates as you complete the worksheet. Worksheets 3 and 4 have been pre-formatted to print out in the order of all self-assessed judgments and evidence (Column A-H), followed by all compliance plan actions (Columns J-S).

The worksheet mirrors the HIQA Assessment Judgment Framework document as it sets out the Dimension, Regulation, Standard, Person Principally Responsible, and Line of Enquiry to be assessed. For each row, self-assess your service against each one of these (Columns A-F). Where you determine a certain line of enquiry is **substantially compliant** or **not compliant**, you will need to identify actions to achieve compliance.

In the table below, we have highlighted in Yellow the cells that you must complete for your service.

Self-Assessed Compliance	<ol style="list-style-type: none"><li data-bbox="344 1202 1442 1780">1. Column G "Judgment": Choose the services' level of compliance in the Judgment column. This is a drop down list with three options only, you must choose one: Compliant: A judgment of compliance means the provider and or the person in charge is in full compliance with the relevant regulation. Substantially compliant: A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulations but some action is required to be fully compliant .This finding will have a risk rating of yellow, which is a low risk. Not compliant: A judgment of not compliant means the provider or person in charge has not complied with a regulation and that considerable action is required to come into compliance. NOTE: If a Regulation/Standard/Line of Enquiry does not apply to your service e.g. if it refers to childrens' services and yours is an adult service, choose a judgment of Compliant. You should then enter a comment into the Evidence To Support Judgment (Column H)as to why it does not apply to your service.<li data-bbox="344 1780 1442 2020">2. Column H "Evidence to Support Judgment": Provide information as to the evidence you viewed that supports the basis for which you made the judgment. It is essential that you refer to HIQA's <i>Guidance for the Assessment of Centres for Persons with Disabilities</i>(2018) when completing this section, as the guidance provides examples of information/evidence that the inspectors will review when inspecting designated centres as well as compliance indicators under the three headings of Compliant, Substantially Compliant and Not Compliant
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	<p>3. Column I “Action Required”: This column will automatically update based on the judgment selected. If you chose a judgment of Compliant, the Action Required column will automatically update to No as there is no further action needed for this Line of Enquiry. If you chose a judgment of Substantially Compliant or Not Compliant, the Action Required column will automatically update to Yes, which is a prompt for you to continue along the row and identify actions and timeframes to progress towards full compliance .</p>
<p>Compliance Plan</p>	<p>4. Column J “Action Identified”: Where you chose a judgment of Substantially Compliant or Not Compliant, you must identify proposed actions in Column J to progress towards full compliance. The actions should be SMART: Specific, Measurable, Achievable, Realistic and Timely.</p> <p>5. Column K “Date Action Due”: Indicate the date by which the service aims to have completed the action identified</p> <p>6. Column L “Date Action Completed”: When the action has been completed, insert the date that it was completed. For all actions that are complete, it is presumed that when you conduct the next self-assessment of the service, that the judgment will have improved to Compliant and no further action will be required.</p> <p>7. Column R “Action Status”: This column will automatically update based on the dates you have included in the previous 2 columns (Date Action Due and Date Action Completed). It will include one of the following:</p> <p style="padding-left: 40px;">No Action Required – no compliance plan is required as the service is compliant.</p> <p style="padding-left: 40px;">Completed – actions relating to the compliance plan have been completed.</p> <p style="padding-left: 40px;">Not Yet Due – an action has been identified to progress compliance, and the due date has not yet passed.</p> <p style="padding-left: 40px;">Late – an action has been identified to progress compliance, and is now past the date it was due to be completed.</p> <p style="padding-left: 40px;">TBD (To be determined) – the service has yet to determine its status regarding compliance.</p> <p style="padding-left: 40px;"><i>Please note – if a judgment of self-assessed compliance is “Substantially Compliant” or “Not Compliant” , then this column will default to “Late” until a date is entered into Column K “Date Action Due”.</i></p> <p>8. Column S “Comments”: Each time you review your action plan, you should update the comments in Column S to note the steps you have taken to progress the identified action (e.g. phone calls/emails, related actions, etc), or to advise where there may be barriers or challenges that are out of your immediate control and that may need to be escalated to the PIC or Registered Provider for attention. The comments should demonstrate that your service is actively working towards achieving compliance across all relevant lines of enquiry.</p>

If you have any queries in relation to the Self Assessment and Compliance Plan Workbook or this Guidance Document, please contact Joanne FitzPatrick in the HSE Disability Services National Quality Improvement Office at tel: 01 620 1755 or email: joanne.fitzpatrick@hse.ie



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Social Care Division
Parkgate Street
Dublin