Registration and Inspection Unit.

Guidance to care providers on self-assessment in the inspection of regulated health and social care services in the Isle of Man.

Introduction

The Registration and Inspection Unit (R&I) is continually revising its own practice in order that it remains an effective regulator and on a par with the best of regulators on the Isle of Man and any health and social care regulator in neighbouring jurisdictions.

Good practice in health and social care regulation suggests (and this is supported by an increasing body of evidence including themes within the Francis Report into Mid-Staffs General Hospital) that inspection should:

- assess the performance of individual providers
- place an emphasis and a focus on outcomes for service users
- provide clearer information to the public about the quality of services (for example through open inspection reporting)
- reinforce providers' responsibility for quality - through self-assessment approaches
- target inspection resources on poor quality services where improvement is most needed

There is also a view which suggests that regulators should be promoters of quality rather than just ensuring compliance with minimum standards.

The primary responsibility for the quality of care, of course, rests with care providers The self-assessment process recognises this. R&I is keen to develop self-assessment with rigorous validation from its inspectors. Validation of the content of self-assessments will always be sought by inspectors when they visit the service.

R&I believes that rigorous validation of self-assessment by inspectors should be shared with users, families and health and social care professionals. Providers’ self-assessments will form an integral part of each inspection report which are published on the Government’s website.

It should be borne in mind that R&I will never rely exclusively upon self-assessment in its quest to ensure compliance with care standards. Self-assessment will form part of R&I’s risk-based approach to regulation. Inspectors now risk-assess each service as well as incidents and accidents reported to them.

In 2013 R&I revised its inspection reports to take account of the above principles allowing them to be ‘open’ reports and published.

Some aspects of this new way of regulating and conducting inspections on the Isle of Man have already commenced in that inspections are carried out on an unannounced basis. We now seek your views on how we conduct inspections and inspection reports are increasing outcome-focussed.
The concept of self-assessment

The concept of self-assessment is pivotal to the **accountability** principle in our strategic plan: [http://www.gov.im/media/357030/registration_and_inspection_strategic_plan.pdf](http://www.gov.im/media/357030/registration_and_inspection_strategic_plan.pdf)

If handled properly self-assessment will assist care service providers to more fully understand aspects of their own service.

The process of self-assessment

Self assessment will take the form of R&I issuing documentation to care providers on each of the standards that are to be inspected prior to the inspection taking place.

The provider will assess themselves on all elements (criteria) underneath each standard, providing descriptive evidence to back up their claims. They will state whether they feel they are non-compliant/partially/substantially/compliant with each element within each standard.

Accuracy as regards claims is essential as providers’ comments will form an integral part of the open report. Inspection reports are viewed by members of the public, service users, relatives, social workers and others on the Department’s website.

The completed self-assessment will be sent to R&I and will be analysed by the inspector prior to the inspection.

During the inspection the inspector will use the provider’s self assessment and examine each claim, seeking evidence of compliance. Underneath the provider’s comments the inspector will then record their own, based on evidence.

Beneficial outcomes of self assessment

As proven in its use in a pilot in 2013/14 by some adult and children’s care homes on the Isle of Man (and care regulators elsewhere), self-assessment is of immense benefit in the pursuit of quality improvement in the care arena.

The process promotes accountability and ownership on the part of the provider in that they are required to show intimate knowledge of the standards which they are responsible for adhering to. Care providers are therefore not passive but are active participants in the inspection process.

Providers are given an opportunity to show how they are adhering to, or exceeding, in their delivery of care minimum care standards. Self-assessment provides an opportunity to examine systems and processes in your care service. Opportunity is given through which you can annually audit your service against the standards that are to be inspected each year.

Self-assessment brings with it an element of certainty in that you can plan improvements in certain targeted areas which are to be the focus of inspection. R&I’s strategic plan under its 3rd and 4th principles (Consistency and Targeting) has, as two of its actions:

**The Unit will adopt a consistent and fair approach to ensuring compliance with legislation and standards**
The Unit will identify those services which consistently out-perform and exceed standards, as well as those services which struggle and often do not perform in delivering minimum standards.

Self-assessment (and open inspection reporting) serves to highlight those service providers who out-perform delivery of minimum care standards and those who do not.

The additional benefit from everyone’s perspective is that self-assessment holds R&I to account. It requires inspectors to examine very closely your comments and evidence before they can make a judgement as to whether a service meets, does not meet, or partially meets a particular standard - thereby the principle of accountability is more fully assured.

Outcome of the self-assessment pilot

In order to ensure that the system of self-assessment is introduced as carefully as possible, R&I conducted a pilot with some care providers during which the effectiveness of the system was evaluated. This pilot was evaluated through completed questionnaires by home managers who completed the self-assessments. The concept was reported by them to be sound, encouraging quality improvement and that they felt more included in the inspection process. As a result of their suggestions the self-assessment template has been adjusted.

As all inspections will be unannounced and once self assessment is embedded, it is likely that self assessments will be issued in February or March each year to enable the provider to return them by 1 April.

Guidance on how to complete the self-assessment document

- Obtain a copy of the care standards that relate to your service and have them at hand to make reference to
- Complete Self-Assessment on computer saving your content as you progress!
- Providers’ Self-Assessment section is to be completed beside each of the criteria within a standard (these are numbered eg Standard 3.1, 3.2, etc)
- Inspection Findings section is for R&I inspection personnel only
- Claims should be backed up and supported by evidence that can be shown to an inspector when they visit
- All claims will be rigorously examined at the time of inspection. It is best to be realistic and accurate!
- When typing the sections within the document it will expand to provide as much space as necessary
- There are no word limits however providers are encouraged to be concise and to provide evidence-based comments with examples of good practice
- Try to be realistic when grading the service by using the descriptors below
- The focus should be upon the outcomes for service users where possible and this should be borne in mind and described where appropriate
- It is accepted that there may be occasions when services fall short of the norm. However it is important that service providers give assurances to the inspectors of their intentions to improve on the quality of care provided where a criterion or a standard is felt not to be met in full
- The self-assessment document provides an ideal means of describing quality improvements
Inspectors may agree or disagree with the grading given by the provider but are expected to provide a clear reason for doing so.

Sometimes an inspector may feel a provider is meeting a standard even though a provider does not. Again an explanation will be given.

Your completed self-assessment document will be used by the inspector during the inspection.

Your comments will form an integral part of published reports.

Descriptors of performance against standards that will be used by inspectors to describe compliance

Inspection reports will describe how a service has performed in each of the standards inspected. Compliance statements by inspectors will follow the framework as set out below.

Not compliant

Compliance could not be demonstrated by the date of the inspection. This will result in a requirement being made.

Partially compliant

Compliance could not be demonstrated by the date of the inspection. Appropriate systems for regular monitoring, review and revision were not yet in place. However, the service could demonstrate acknowledgement of this and a convincing plan for full compliance. In most situations this will result in requirements being made.

Substantially compliant

Arrangements for compliance were demonstrated during the inspection yet some criteria were not yet in place. In most situations this will result in a requirement being made.

Compliant

Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. In most situations this will result in an area of good practice being identified and comment being made.

Recommendations based on best practice, relevant research or recognised sources may be made by the inspector. Recommendations are intended to promote current good practice and when adopted by care providers will serve to enhance quality and service delivery.

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