

Review of the Judgement Support Framework and Inspection Processes for the Mental Health Commission

External Stakeholder Consultation

Date 27/04/2016

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Section 1: Executive Summary and Key Recommendations

The Mental Health Commission (MHC) underwent a review and redevelopment of its regulatory process for Approved Centres in Ireland in 2015. This included the introduction of a Judgement Support Framework to support the implementation of the regulatory process, a clearly defined scoring system, and restructuring of the onsite inspection processes. All Approved Centres in Ireland underwent an inspection utilising the new inspection processes and the related Judgement Support Framework, by the end of 2015. The MHC wished to carry out a review of the revised inspection management processes and the new Judgement Support Framework.

This review was undertaken utilising methodologies to maximise stakeholder participation, through the use of focus groups and surveys. The 'Principles of Effective Regulation' (Walshe and Shortell 2004) were used as a framework across the methodologies. Data was collated and grouped into relevant themes. The findings of this review captured a wealth of important views and input from stakeholders, providing important context from their own experience and expertise.

Overall, the feedback regarding the revised inspection processes and Judgement Support Framework was overwhelmingly positive. Participants strongly agreed that the introduction of the new processes had brought about a more robust and rigorous regulatory process than in previous years. One participant from an Approved Centre commented "*Thorough and robust is an understatement. There was no stone left unturned*", and another commented that it was "*Extremely robust. More so than before.*"

The Approved Centres welcomed the interaction of the Assistant Inspectors with frontline staff and with patients – with one participant stating it "*gave great ownership to the team*". The Approved Centres noted that the new process brought about improved openness and transparency, with a better understanding among Approved Centres of what was expected of them.

Specifically in relation to the Judgement Support Framework, survey respondents from the survey agreed (81%) that the JSF requirements benefited the residents/patients and that it was sufficiently robust to improve the quality and the safety of the services provided to residents/patients.

Opportunities for improvement were identified as part of the review. Approved Centres identified opportunities for improvement regarding consistency, and the concept that different Inspectors will have different findings. It was noted that the new processes, and the JSF, should help to address this but it remains a concern. An opportunity for the Commission to promote enhanced communication with the Approved Centres was also identified.

Approved Centres noted the increased requirements for them, particularly with regards to staff training and audit, expressing concern at achieving the requirements in these areas. The review identified an opportunity for clarification regarding the level of audit and training requirements for Approved Centres.

Ensuring the availability of a clear, standalone inspection report, which details how judgements and ratings were reached during inspections, is an area for development. While noting that this area has improved since the introduction of the new framework, it remains an opportunity for improvement. This should include sufficient information to detail how the inspection was undertaken, and provide clear information regarding how the Approved Centre has dealt with any corrective actions that might have been raised in the past.

Regarding the use of appropriate enforcement by the MHC, the overall perception is that the MHC is not using appropriate enforcement powers to act on breaches of compliance in many cases. It is positive that the Approved Centres are embracing the idea of enforcement, as it indicates that they are utilising the framework to improve, rather than simply avoiding enforcement.

Thanks is extended to all of the participants, who engaged openly and honestly with this review process. This allowed for a clear understanding of their experiences and perceptions of the new regulatory process and Support Judgement Framework, and their wishes for future development.

Key Recommendations

The key recommendations for consideration as a result of the review process are outlined below:

Judgement Support Framework

- a) Address the perceived gap in consistency of use and interpretation of the requirements of the regulations and related Judgement Support Framework. (*Rigour and Robustness; Flexibility and Consistency*).
- b) Address the perceived gap in consistency in application of the scoring methods and outcomes between Centres and over time. (*Openness and Transparency; Flexibility and Consistency; Rigour and Robustness*).
- c) Ongoing education and guidance to Approved Centres to promote better understanding of the JSF and the new processes. (*Openness and Transparency; Responsiveness*).
- d) Review weighting of the JSF to determine if there are some elements that should be weighted more than others. (*Proportionality and Targeting*).
- e) Review the JSF risk management requirements to ensure the correct focusing of requirements. (*Proportionality and Targeting; Rigour and Robustness*).
- f) Provide clarity on the requirements for care planning and training and audit against each regulation, within the Judgement Support Framework. (*Cost Consciousness*).

Inspection Process

- g) Review the process for scheduling inspections to ensure a consistent allocation of time and Inspectors for all Approved Centres throughout the year. (*Rigour and Robustness*).
- h) Review the timing of Inspections to include attendance at the Approved Centres for morning handover/ night-time attendance. (*Rigour and Robustness*).
- i) Identify a clear point of contact, within the MHC, to manage queries from Approved Centres. (*Responsiveness*)
- j) Address perceived gap in consistency of use and interpretation of enforcement processes, including corrective and preventive actions. (*Proportionality and Targeting; Accountability and Independence; Enforceability*).
- k) Address perceived gap in consistency of implementation of the process for addressing a serious incident identified during an inspection. (*Responsiveness*)

- l) Ongoing internal review and audit of the consistency and effectiveness of the MHC regulatory process over time, including continued involvement of focus groups. *(Openness and Transparency; Formative Evaluation and Review).*
- m) Ongoing internal development regarding all elements of the approved inspection process. *(Rigour and Robustness; Flexibility and Consistency; Openness and Transparency; Accountability and Independence).*

Section 2: Methodology

A project plan was developed to set out the structure, objectives, methodologies and regulatory review processes. The project plan was developed in line with the requirements of the International Society for Quality in Healthcare's (ISQua) Guidelines and Standards for External Evaluation Organisations (2014).

The objectives of the review of the Judgement Support Framework and inspection management processes were:

- To determine if the Mental Health Commission inspection management processes, and related Judgement Support Framework (JSF), were effective in meeting the Key Principles for Effective Regulation (see Appendix 1).
- To identify any opportunities for improvement in the Mental Health Commission inspection management processes, and related Judgement Support Framework.

To ensure all external stakeholders, who are subject to the inspection process, were represented and there was participation by a wide variety of people, a variety of methods were used as part of the overall review. The methodologies used in the review included both quantitative and qualitative techniques as follows:

A. *Survey Questionnaires – Quantitative and Qualitative.*

In order to benefit from the largest possible external stakeholder input, the review process utilised an electronic survey. These surveys attempted to identify quantitative data, as well as supportive qualitative insight, with regards to the perceived effectiveness of the regulatory system. Each question was linked to a Principle of Effective Regulation (see Figure 1 and Appendix 1). In doing so, the outcomes of the survey can relate directly to specific aspects of the overall objective.

B. *Focus Groups – Semi Structured*

The use of external stakeholder Focus Group interviews allowed for the explicit use of group interaction to produce insights and understanding regarding the process and the JSF. Participants were asked to expose the reasoning behind their own opinions allowing the exploration of such interaction. Each question utilised in the

focus groups was linked to a Principle of Effective Regulation (see Figure 1 and Appendix 1).

The Principles of Effective Regulation are areas of importance and focus in order to meet the goals of regulation, which include providing the effective information to stakeholders, improving performance, and making organisations more accountable. The 10 areas (in Figure 1 below) are used as a framework to guide the methodologies used. See also Appendix 1 in which the intended goal and focus of each principle is described in further detail.

Figure 1: The Principles of Effective Regulation.

- Rigour and Robustness
- Openness and Transparency
- Responsiveness
- Flexibility and Consistency
- Proportionality and Targeting
- Accountability and Independence
- Enforceability
- Improvement Focus
- Cost Conscious
- Formative Evaluation and Review

(Walshe and Shortell (2004))

Section 3: Findings

This section contains details of the outputs from the focus groups and survey with their information described under the following sections:

3.1 Survey Questionnaires

3.2 Focus Groups

Information, pertaining to the inspection process and the Judgement Support Framework, is presented separately under each of the Principles of Effective Regulation.

3.1 Findings: Process Review Survey Questionnaires in relation to the Inspection Process and the Judgement Support Framework

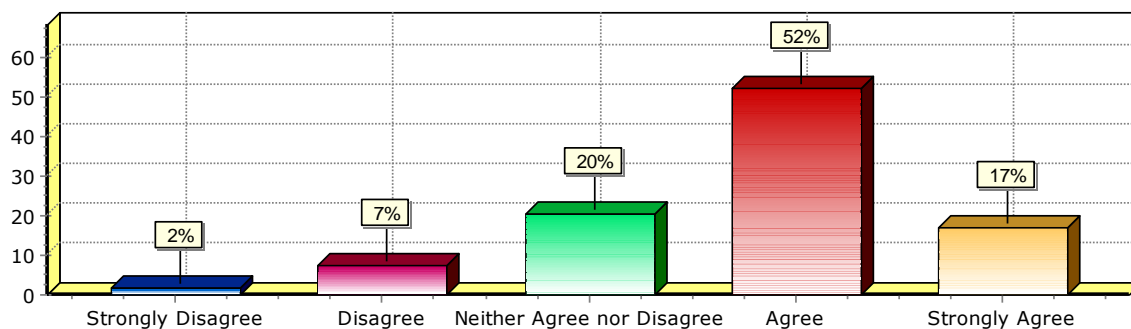
3.1.1 Overview

The survey questionnaire was sent to all Approved Centre's Registered Proprietor Nominees / Persons in Charge, via email and they were informed to pass the link on to all of their colleagues, once they had experience with the JSF or inspections in 2015. This process was undertaken to elicit as many stakeholders' views as possible. The number of online responses received was 123. The demography of survey respondents is displayed in Appendix 3.

3.1.2 Results from Process Review Survey Questionnaire: Judgement Support Framework

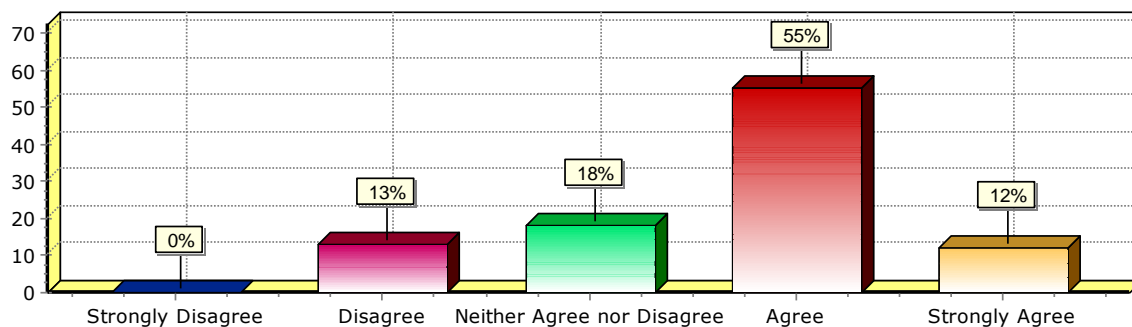
3.1.2 A) Rigour and Robustness

1.1.1 The JSF is sufficiently robust to improve the quality and the safety of the services provided to residents/patients.



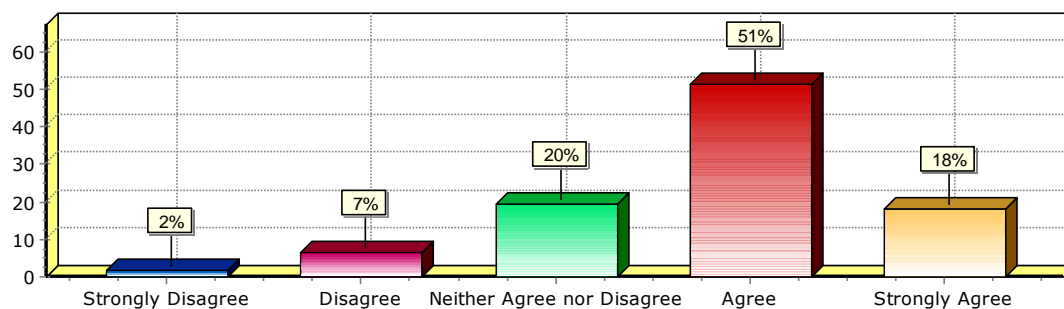
* 2% of respondents did not answer this question

1.1.2 The requirements outlined in the JSF are appropriate for the types of services being provided.



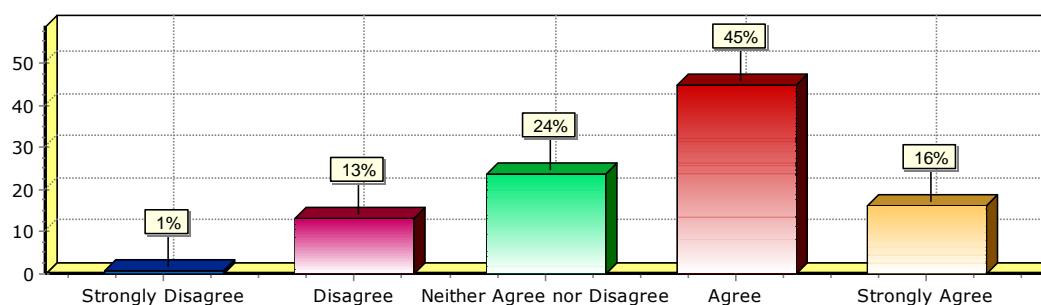
* 2% of respondents did not answer this question

1.1.3 The JSF reflects best practices within Mental Health Services.



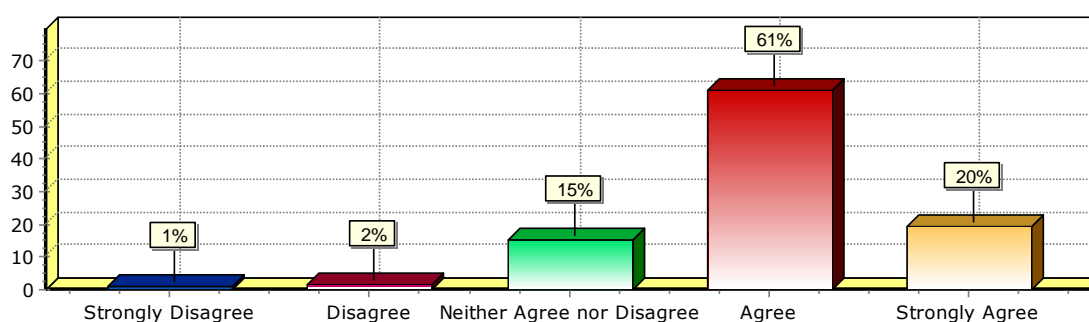
* 2% of respondents did not answer this question

1.1.4 The JSF addresses all relevant areas of service provision.



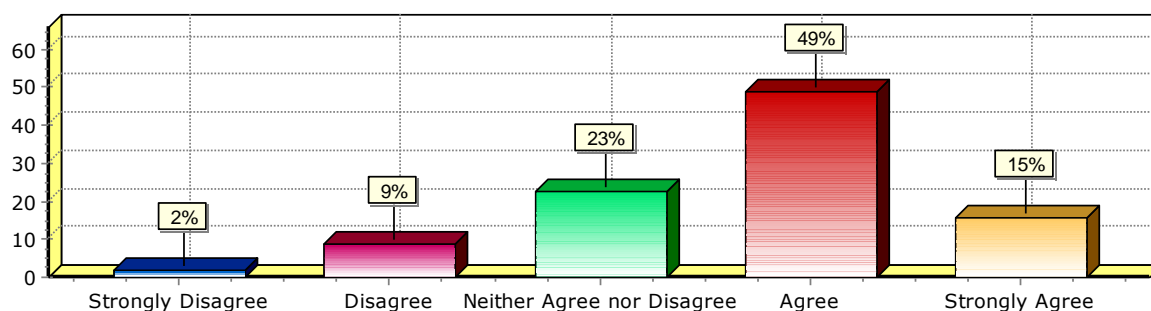
* 1% of respondents did not answer this question

1.1.5 The JSF requirements benefit the residents/patients.



* 1% of respondents did not answer this question

1.1.6 The JSF provides sufficient guidance to Approved Centres to support robust processes and quality improvement within the Approved Centre.



* 2% of respondents did not answer this question

Comments Received Relating to Rigour and Robustness of the JSF

Overall the comments highlighted the view that that the JSF was perceived to be a welcome resource for Approved Centres. Comments reflected an improvement in robustness of the guidance provided and noted best practice, for example: *“The JSF was clear and relevant.”*; *“More robust and more transparent.”*; *“The JSF is the most helpful document produced by the MHC to date.”*; *“This document was welcomed and can only get better.”*; *“The JSF is a leap forward”*.

Regarding the JSF promoting the Centres’ improvement, mixed views were represented, including the perception that monitoring of current processes was the focus as opposed to improvement. For example: *“As long as we monitor what is currently in existence then it is excellent. Where is the vision for the future?”*

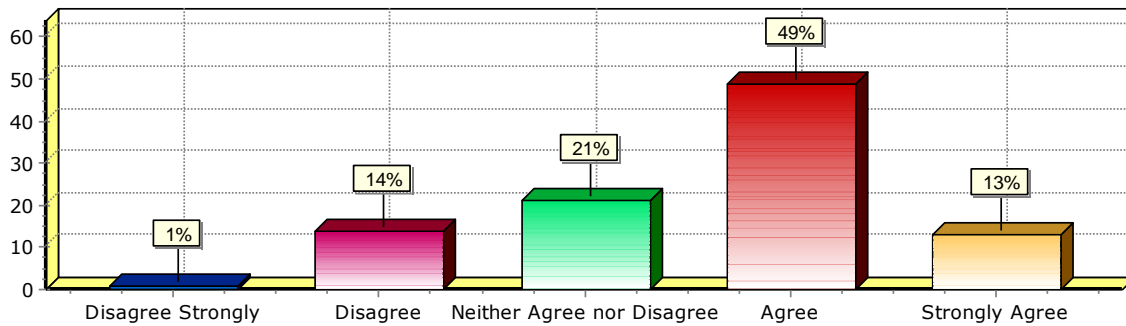
In relation to the JSF being applicable and appropriate to the types of services being provided, some respondents highlighted a perception that although the JSF is robust, some elements were more appropriate to certain settings. For example: *“All Approved Centres not alike e.g. acute in patient, dementia units, and rehab in patient units – all should not need to meet the same standards e.g. ligature audits in all units”*; *The requirements of the JSF sometimes reflect the care of nursing homes and intellectual disabilities rather than mental health”*.

Regarding the overall robustness of the JSF, some respondents reflected their views that there were areas for improvement within the JSF. Perceived gaps included therapeutic services, recovery, ethos, and culture of an organisation. For example: *“Guidance/information lacking from the therapeutic services”*; *“Needs also to cover elements of recovery, ethos, and culture of Approved Centres, along with governance and accountability”*.

Regarding the JSF providing sufficient guidance to Approved Centres, overall comments reflected that more guidance and clarity could be provided in some areas. For example: *“Some parts are vague and it can be difficult to see how we can comply e.g. have all staff received training on visiting?”*; *“Insufficient information in regard to audit required”*.

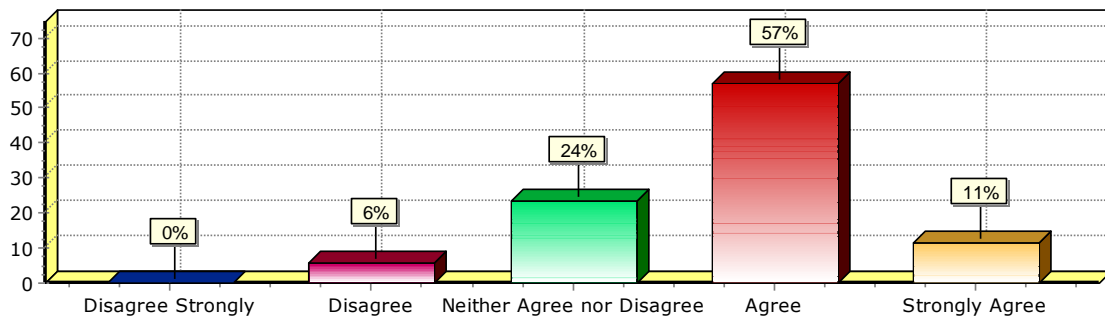
3.1.2 B) Openness and Transparency

1.2.1 The JSF is easy to understand and interpret.



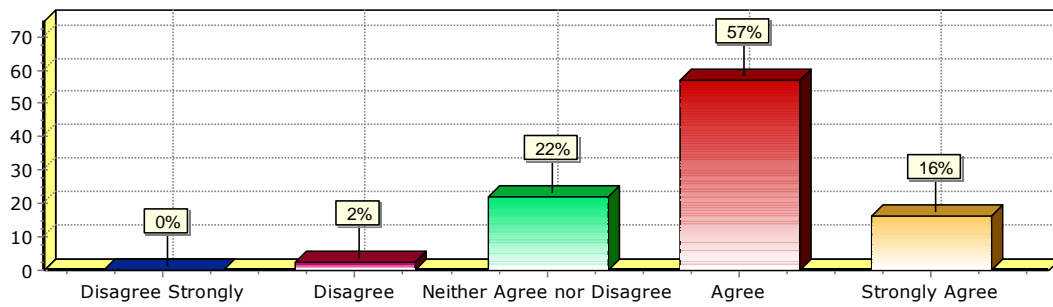
* 2% of respondents did not answer this question

1.2.2 The JSF provides the Approved Centres with a greater understanding of the legislation and regulation.



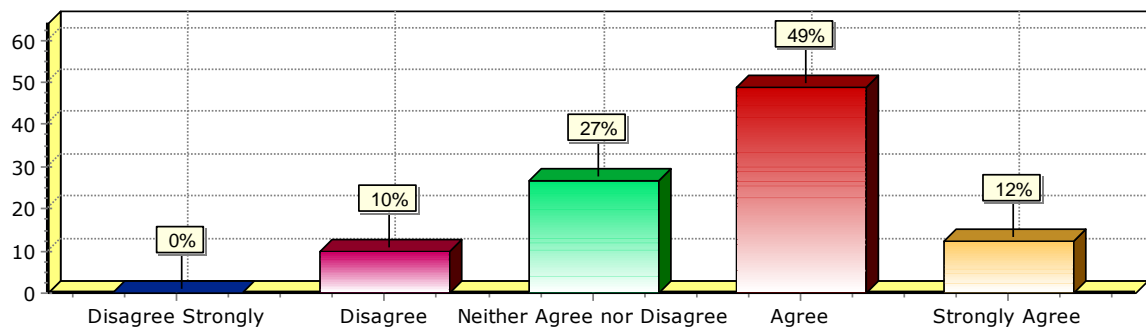
* 2% of respondents did not answer this question

1.2.3 The JSF provides a greater clarity into what is required to meet the regulation, rules and codes of practice.



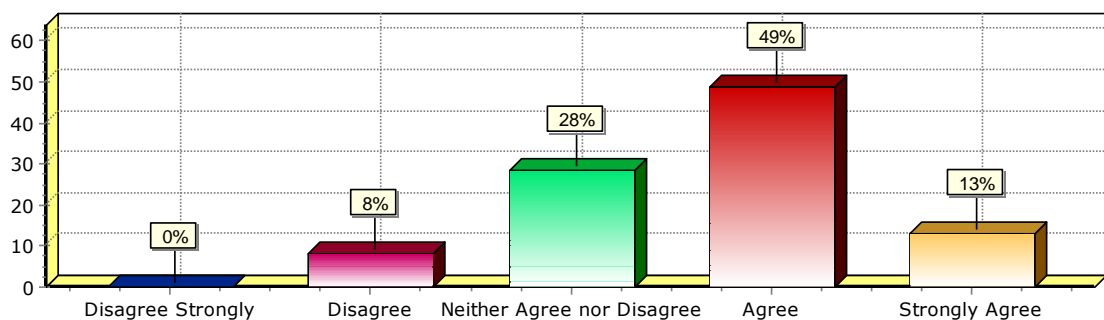
* 3% of respondents did not answer this question

1.2.4 The JSF scoring system is easy to understand.



* 2% of respondents did not answer this question

1.2.5 The JSF scoring provides transparency for the MHC compliance rating.



* 2% of respondents did not answer this question

Comments Received Relating to Openness and Transparency of the JSF

In relation to openness and transparency, the comments reflected that there was a noted improvement in clarity of what was required to meet the regulations, rules, and standards. There also remained some perceived gaps that respondents would like to see addressed. For example: *"Greater clarity' is relative, certainly better than before, but still needs development"*.

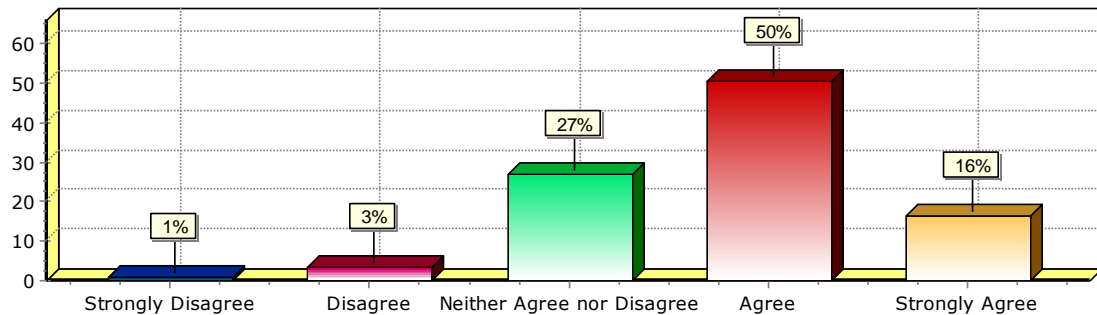
In relation to the scoring system, positive views highlighted the ease of use. Opportunities for improvement regarding the scoring system included the language used, the consistency of the details provided within sections, and a perceived vagueness of some statements. For example: *"The language used in the JSF is ambiguous and open to interpretation at times"*.

Regarding the scoring system allowing for transparency in the compliance rating, concerns were noted including the transparency of ratings for Approved Centres, for example: *"Not easy to follow reasons why various Centres get the rating they do"*.

A concern was noted that the ratings do not allow for transparency regarding where the service was placed within a category, for example: *"Too wide a gap in the good category 51 to 89%, difficult to decipher what level we are at"*.

3.1.2 C) Responsiveness

1.3.1 The JSF addressed a need for information to assist Approved Centres.



* 3% of respondents did not answer this question

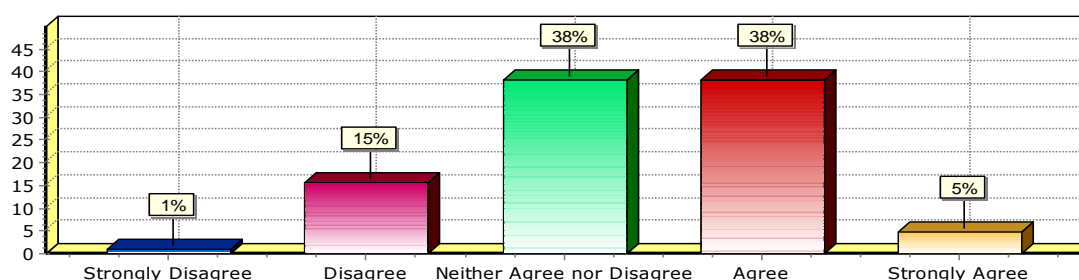
Comments Received Relating to Responsiveness of the JSF

Positive comments were noted in relation to improved clarity regarding meeting or failing to meet regulations, for example: *"Failing to meet a standard and by how much and how to remedy same with CAPA is clearly outlined"*.

Comments were also noted identifying both positive improvement alongside opportunities for improvement, for example: *There are areas of the JSF that require further clarification, e.g. ICP versus Clinical File."*

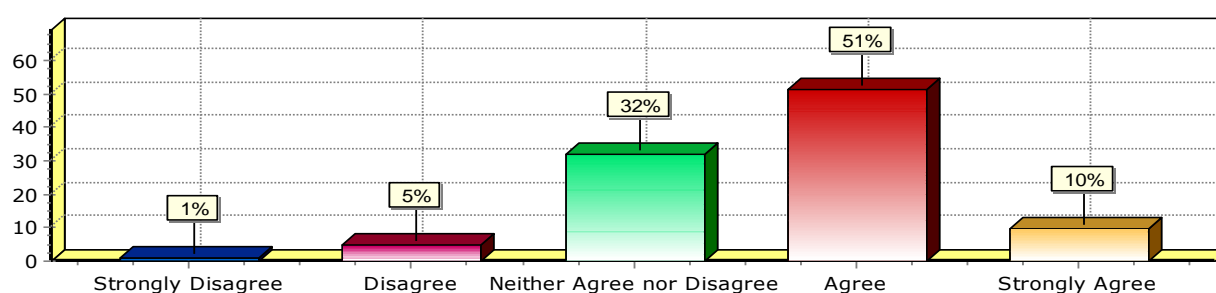
3.1.2 D) Flexibility and Consistency

1.4.1 The JSF gives the Approved Centres appropriate flexibility in its application.



* 3% of respondents did not answer this question

1.4.2 The JSF layout/structure is appropriate, i.e. the "Guidance for Compliance" layout (Defined Processes in Place/Training, Monitoring/Evidence of Implementation).



* 1% of respondents did not answer this question

Comments Received Relating to Flexibility and Consistency

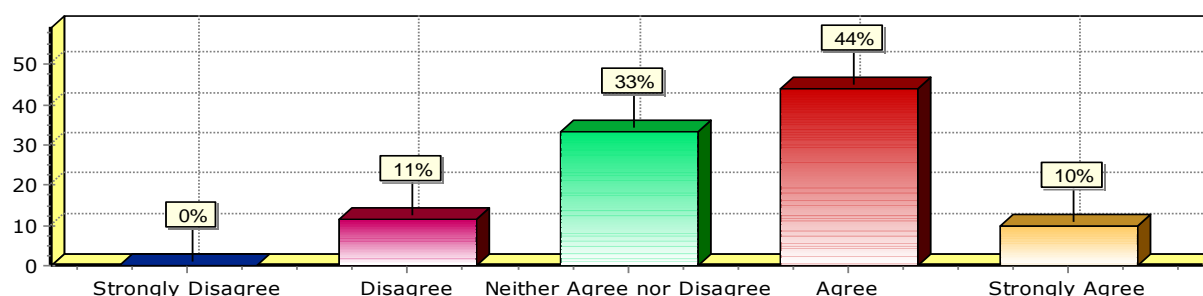
Overall, the comments highlighted the view that the JSF was perceived to lack flexibility in its layout at present. For example: *"In my opinion the JSF is very specific as to its requirements. I can't see the flexibility?"*

Respondents highlighted a lack of confidence in flexibility of the *application* of the JSF, for example: *"I don't know if the argument that a particular audit, for example, is not relevant in the context of our organisation would be accepted"*.

Similarly, in relation to consistency, one respondent noted that the JSF had not been consistently applied in their experience, as follows: *"Aspects of the framework were quite rigidly applied while others ignored e.g. medicines reconciliation"*.

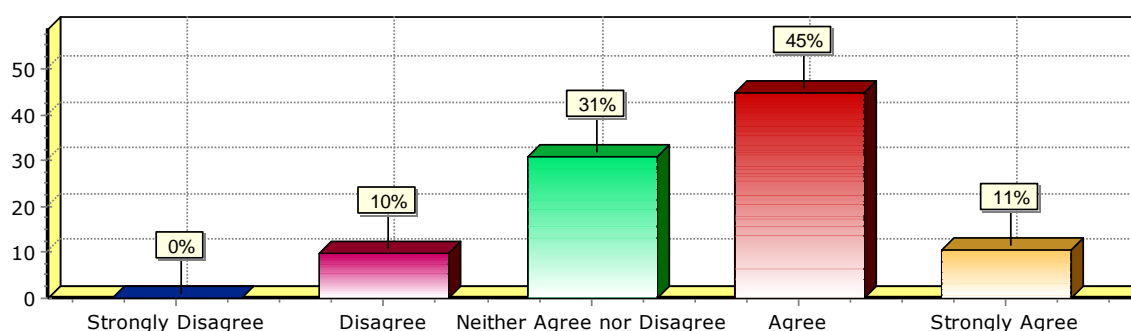
3.1.2 E) Proportionality and Targeting

1.5.1 The JSF scoring layout is appropriately balanced, with all sections of the Guidance for Compliance receiving the same weight in the scoring process.



* 2% of respondents did not answer this question

1.5.2 The requirements detailed within the sections of the JSF are appropriate.



* 3% of respondents did not answer this question

Comments Received Relating to Proportionality and Targeting

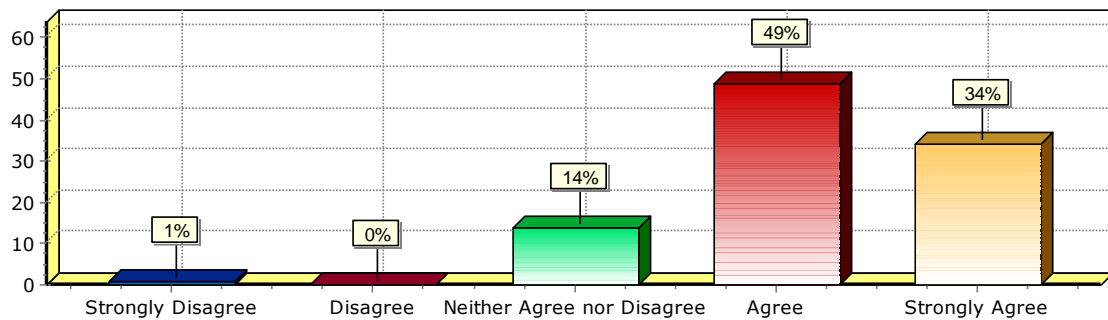
In relation to the JSF scoring layout being appropriately balanced, items noted within the comments included the equal weighting of different regulations that they perceived to be of different significance and importance to patients. For example: *“The scoring system should be apportioned to each regulation individually reflecting risk associated and impact on patient care and safety. For example, patient clothing is not as important to patient care as staffing levels and training”*; *“Not all areas stipulated as requiring annual audit actually require this”*.

Respondents also included the identical weighting of the elements of compliance within each regulation under the JSF, for example: *“Staff training in certain regulations should not carry equal weight as evidence of implementation”*.

In relation to the overall compliance categories, some respondents noted that the achievements of Approved Centres were not acknowledged appropriately by the four current categories for compliance. For example: *“Scoring system is too generalised with significant gap between categories”*; *“The categories go from non-compliant to good compliances - there should be a fifth category (Compliant)”*.

3.1.2 F) Accountability and Independence

1.6.1 The Approved Centres are committed to the implementation of the JSF.



* 2% of respondents did not answer this question

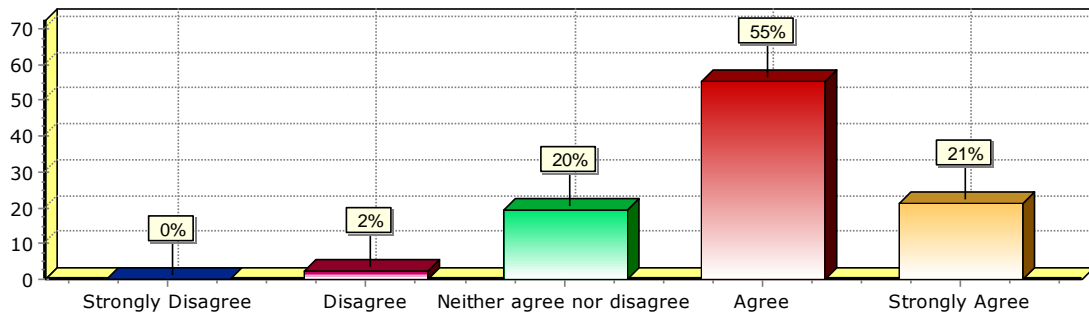
Comments Received Relating to Accountability and Independence

Regarding the commitment of the Approved Centres, only one comment was received: "We will do our best with existing resources. We would appreciate some relevant pruning of the document. Otherwise the MHC needs to obtain funding from the HSE for a large number of compliance departments and we still won't be fully compliant without appropriate numbers of clinical staff to implement the requirements in full!"

3.1.2 G) Enforceability

Comments Received Relating to Enforceability

1.7.1 The JSF is being utilised to assist the MHC inspection process and subsequent enforcement actions, if any.

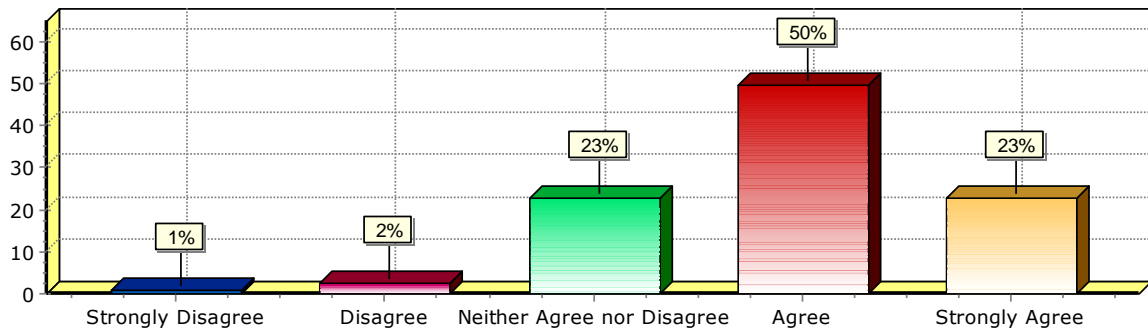


* 2% of respondents did not answer this question

Regarding the JSF being utilised to assist the MHC inspection and enforcement process, overall comments were positive in relation to the experience of the Centres to date with the inspection process. For example, *“This is definitely the case within the department in which I work”*; *“I also think it assists the service”*. One respondent noted it was too early for them to comment with certainty: *“Let’s wait and see... too early to tell”*.

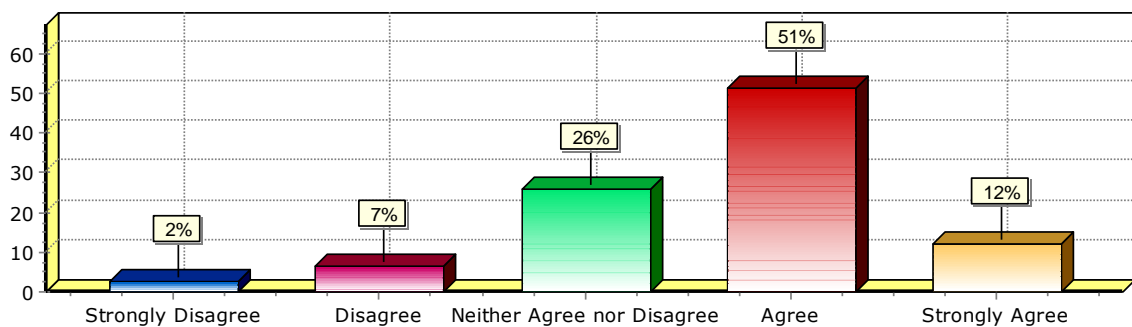
3.1.2 H) Improvement Focus

1.8.1 The JSF content drives improvement processes within the Approved Centres.



* 1% of respondents did not answer this question

1.8.2 The improvement methods detailed within the JSF are sufficiently understood within Approved Centres.



* 2% of respondents did not answer this question

Comments Received Relating to Improvement Focus

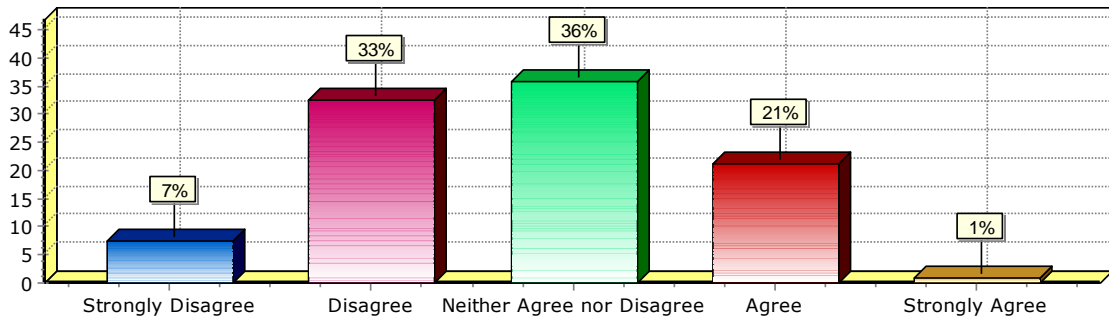
In relation to the JSF driving improvement, positive comments noted that the JSF provided an aim for Approved Centres to aspire to, for example: *"The JSF provides an informative aim for Approved Centres"*.

Opportunities for improvement noted a desire for more focus on driving *"quality improvement"* rather than being *"process driven"*, as was noted to be perceived by one respondent.

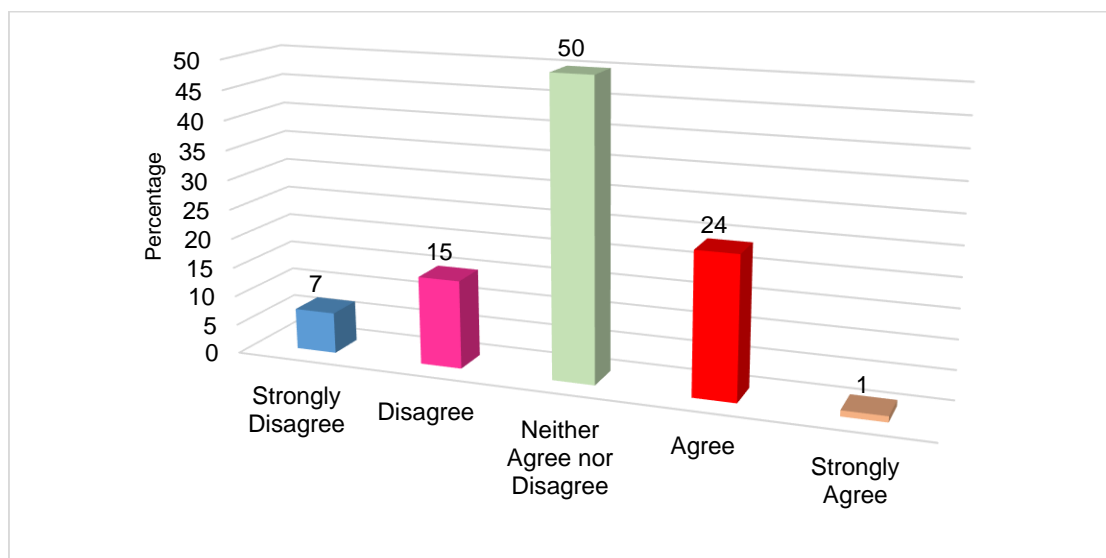
With regard to the improvement methods detailed within the JSF being sufficiently understood by staff, it was noted that the process might be too detailed to ensure any understanding by non-permanent staff, as follows: *"The process of getting to grips with the JSF may be too onerous for rotating and visiting staff to grasp completely"*.

3.1.2 I) Cost Consciousness

1.9.2 The MHC has an understanding of the costs associated with implementing the JSF



* 2% of respondents did not answer this question



* 3% of respondents did not answer this question

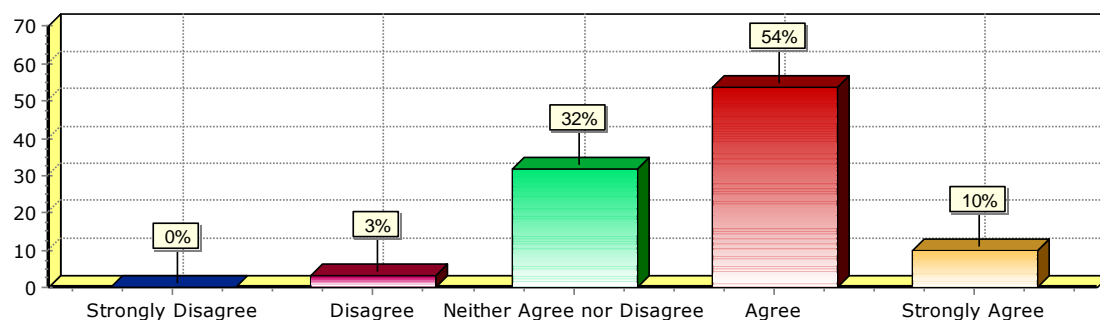
Comments Received Relating to Cost Consciousness

In relation to the understanding of the MHC regarding cost implications, opportunities identified included the possibility of the MHC to try to reduce the burden on Approved Centres where possible. For example: *“Cost implications for services do not appear to be given a high priority when implementing the JSF”*; *“There could be national templates circulated to assist rather than every area doing independent work”*.

A further opportunity for improvement related to ensuring where additional resources were required, these aligned insofar as possible with areas deemed to be a priority within the individual Approved Centres.

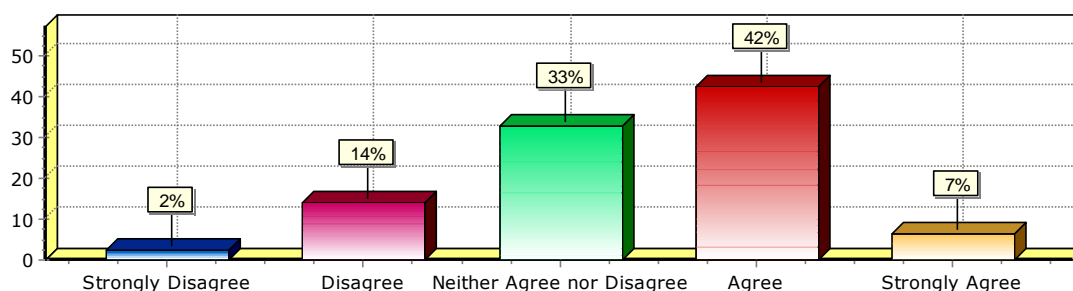
3.1.2 J) Formative Evaluation and Review

1.10.1 The JSF content supports the monitoring processes by staff within the Approved Centres.



* 1% of respondents did not answer this question

1.10.2 The monitoring requirements detailed within the JSF are sufficiently understood by staff within the Approved Centres.



* 6% of respondents did not answer this question

Comments Received Relating to Formative Evaluation and Review

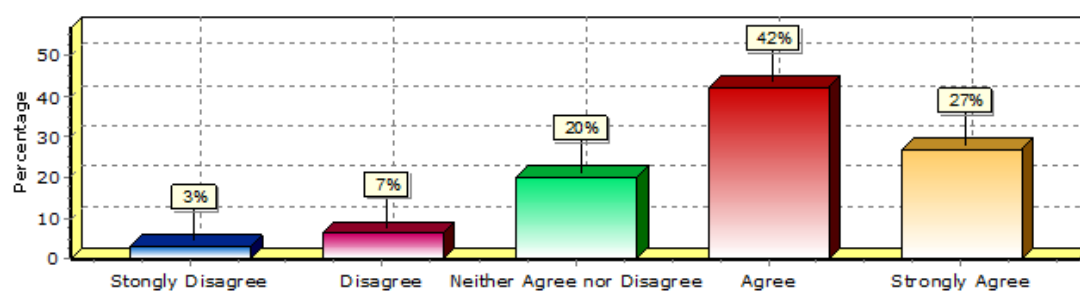
In relation to the JSF content supporting the monitoring processes and staff understanding of the monitoring requirements, there was a desire for more guidance and better understanding in this area. For example: *Clearer interpretation of audit and training needed*; *No audit tools or samples provided*.

It was also highlighted that there was a perceived overreliance on nursing staff to complete the elements required in the JSF in this area: *There is still an overreliance on nursing staff in regard to policy development, implementation, review, audit and the maintenance of standards*.

3.1.3 Results from Process Review Survey Questionnaire: Inspection Process

3.1.3 A) Comments Received Relating to Rigour & Robustness

2.1.1 The MHC inspection process is rigorous and robust enough to determine the quality and the safety of the services provided to residents/patients.



* 1% of respondents did not answer this question

Overall the comments highlighted the view that that the inspection process was rigorous and robust. Comments noted that Inspectors had completed a detailed inspection, which included speaking to a wide range of staff. For example: *“The Inspectors were vigilant, thorough and very focused in their approach”*; *“The Mental Health Inspectors take their time in talking to both residents and nursing staff”*; *“Although I was not directly involved, the impression I got from other staff was that the inspection was thorough.”*

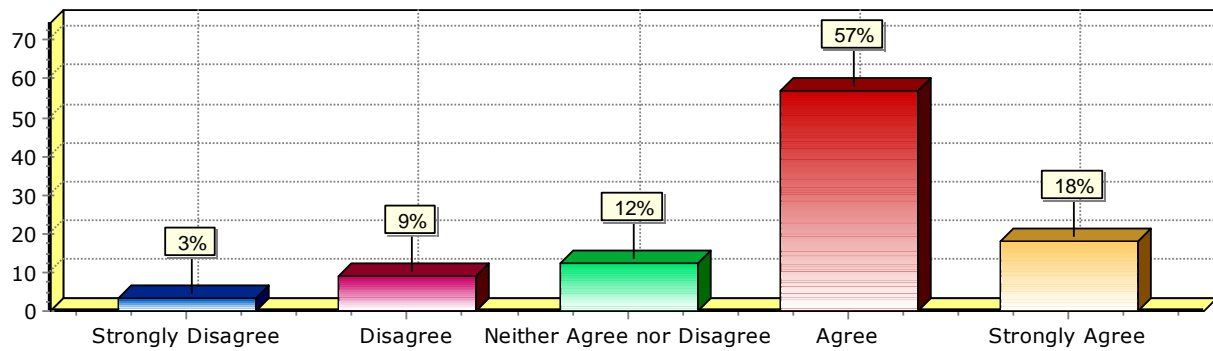
It was highlighted that the robustness of the process may make it difficult for Inspectors to confirm all elements of the inspection, leading to potential overreliance on verbal reports from staff. For example: *“The process is almost too detailed and rigorous to allow Inspectors to confirm all aspects”*; *“The Inspectors over-rely on answers from staff on the ground who may not even be usual ward staff. There can be minimal interrogation of what therapists state they are doing and quality of same. Consultants & CDs who are responsible for clinical service provision are not interviewed during the process but can attend the feedback meeting”*.

Some respondents highlighted their view that the focus of the inspections, while rigorous, was more on paperwork and patient safety than elements of patient care, for example: *“Focus on safety is good but quality measures are poor. More concerned, for example, that care plans are filled out, than the quality of the work involved”*; *“The inspection process appears to be a paper checking exercise with no real attention paid to the quality of the service being received by patients”*.

Under the area of rigour and robustness, the view was also highlighted that the inspection process had been observed to be *more* robust at the beginning of the roll out of the new process, for example: *“In 2015 compared to previous years, the process was more robust. However, as we have three Approved Centres, the first inspection that took place in September was far more robust than the last inspection that took place in late December”*.

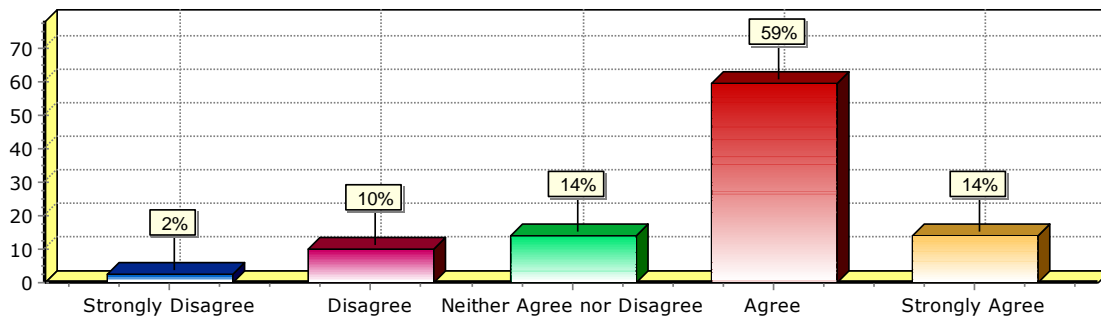
3.1.3 B) Openness and Transparency

2.2.1 The MHC provides Approved Centres with sufficient information regarding the inspection process.



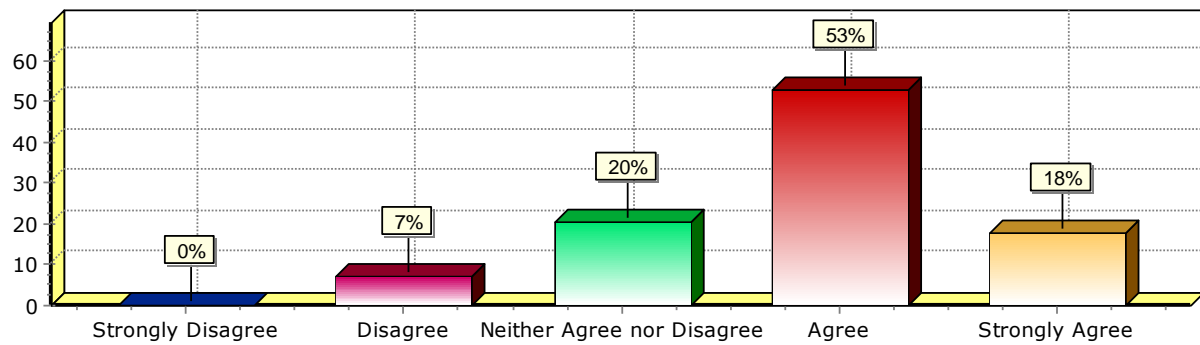
* 1% of respondents did not answer this question

2.2.2 The compliance rating applied by the MHC during inspections is understood within the Approved Centres.



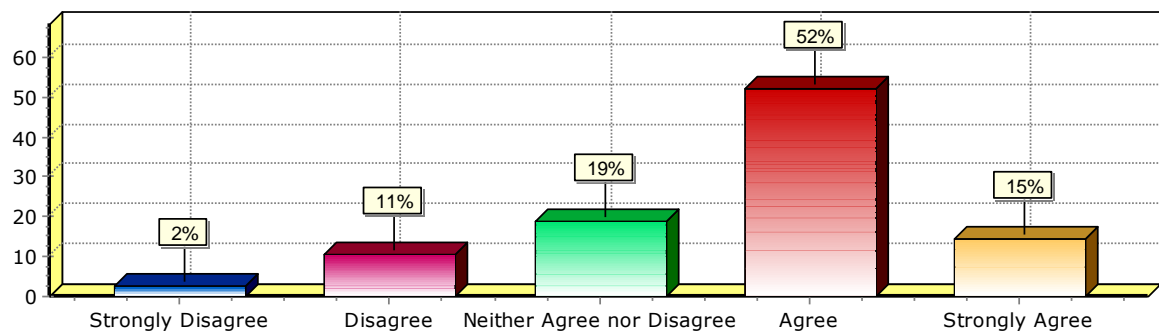
* 1% of respondents did not answer this question

2.2.3 The Inspection Reports are presented in a fair and appropriate manner.



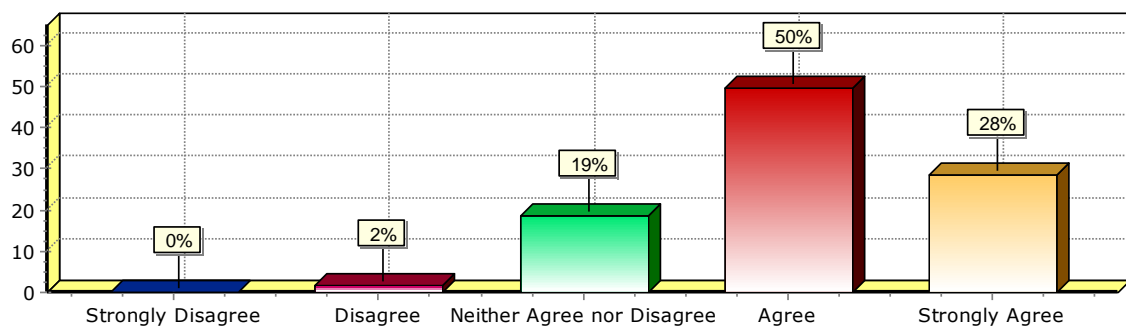
* 2% of respondents did not answer this question

2.2.4 There is easy to access and clear information available to Approved Centres regarding the inspection process.



* 1% of respondents did not answer this question

2.2.5 The MHC maintains the confidentiality and security of inspection records.



* 1% of respondents did not answer this question

Comments Received Relating to Openness and Transparency

The comments noted a positive view of the new inspection process in terms of the transparency of the new grading system, the openness of Inspectors, and the improved motivation of staff due to better understanding of what was required of them. For example: *"I have sat at feedback sessions and found the Inspectors to be very fair and helpful"; "I met with an Inspector who was open about the process"*.

Positive views were presented regarding the transparency of the new process, for example: *"What's inspected is justified in the feedback sessions"; "Previously a service could fail a particular regulation based on a single error and this was not reflected in the overall commentary in the report"*.

Despite positive comments about the new process, the level of transparency was noted to be perceived as dependent on the individual Inspectors involved, each of whom may operate with differing levels of openness and transparency. For example: *"Reports are presented and rebuffed according to the particular Inspector – some are very approachable and transparent others are black and white – according to their opinion and background"*.

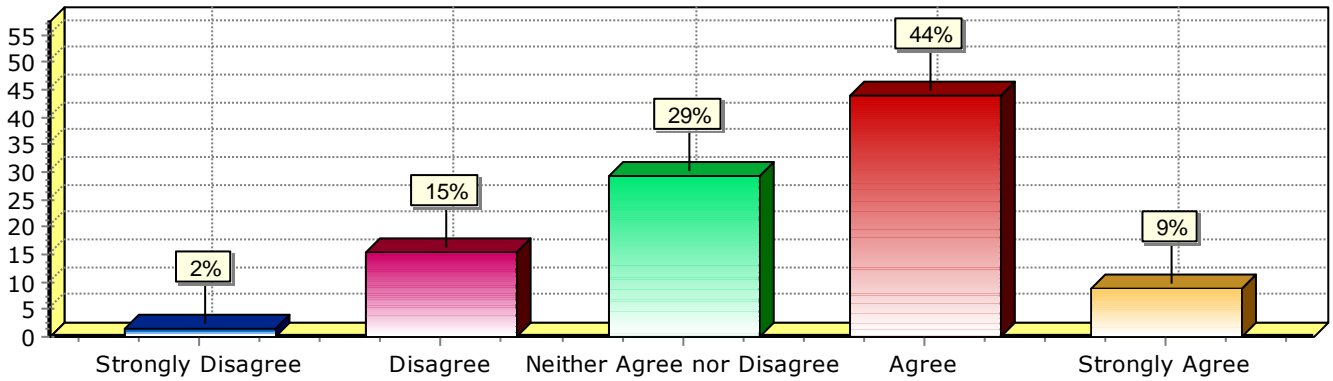
It was also noted that the current system was perceived to lack transparency in terms of identifying whether a service sits at the higher or lower end of the compliance outcome. For example: *"Services are not clear on the scoring structure. For example, is the service on the high or low side of good?"*

Regarding confidentiality, overall comments reflect trust in the confidentiality of the inspection process, although one comment noted hearing of a possible lack of confidentiality in one scenario, *"I have heard feedback indirectly from another staff member about a topic in a different service that should not have been discussed in the environment or context that it was discussed in"*.

Regarding fairness, while many respondents noted confidence in the fairness of the process, comments were also noted to reflect a perceived lack of fairness in some regards. For example: *"Recent Inspection Report involved two unfair non-compliances involving Reg 4 and 32."; "Although the process is clear, at times the justification of the MHC comments does not take into account what information was given to them on the day of inspection"*.

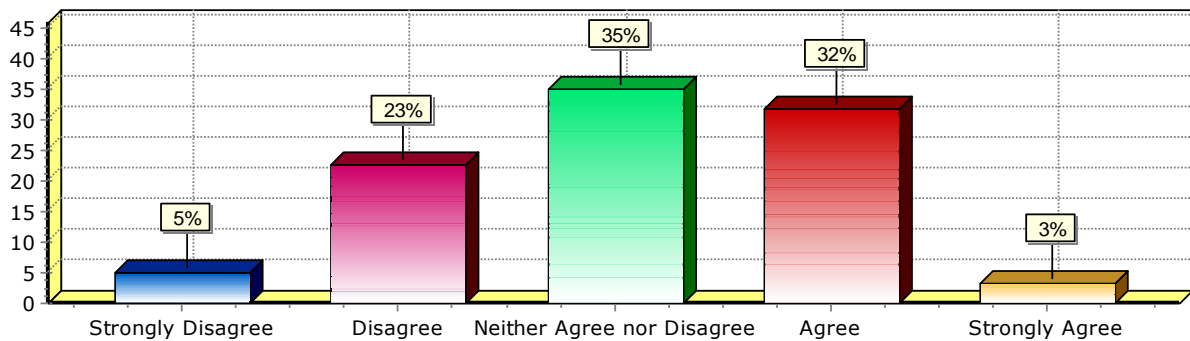
3.1.3 C) Responsiveness

2.3.1 The MHC is responsive to queries regarding the inspection process.



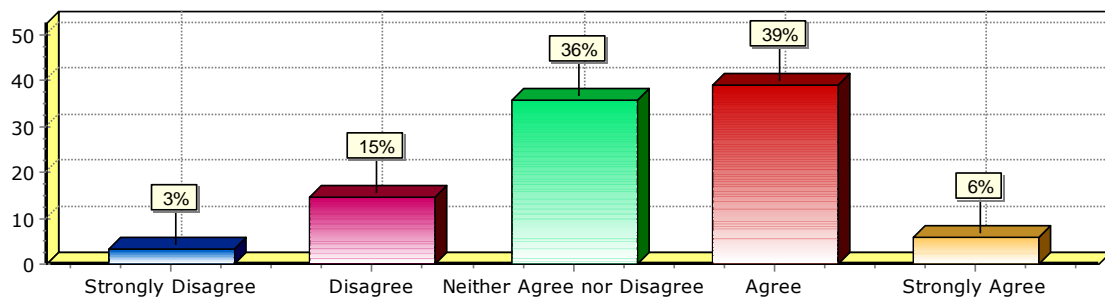
* 1% of respondents did not answer this question

2.3.2 The MHC is involved in supporting the Approved Centres outside of the inspection process.



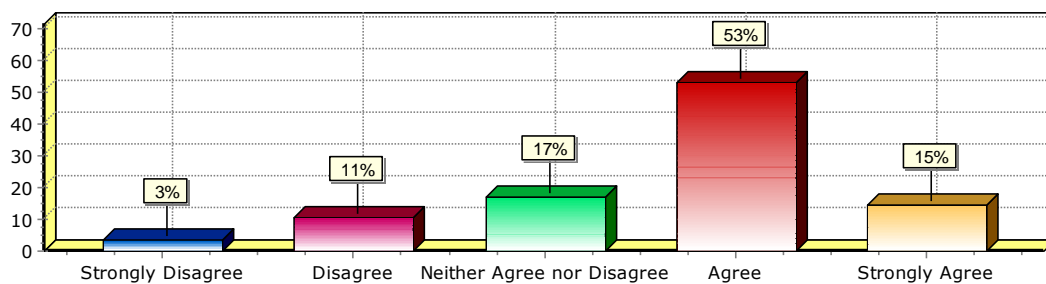
* 2% of respondents did not answer this question

2.3.3 The Approved Centre is clear who to contact within the MHC depending on the query, e.g. new registration applications, inspection report follow ups, etc.



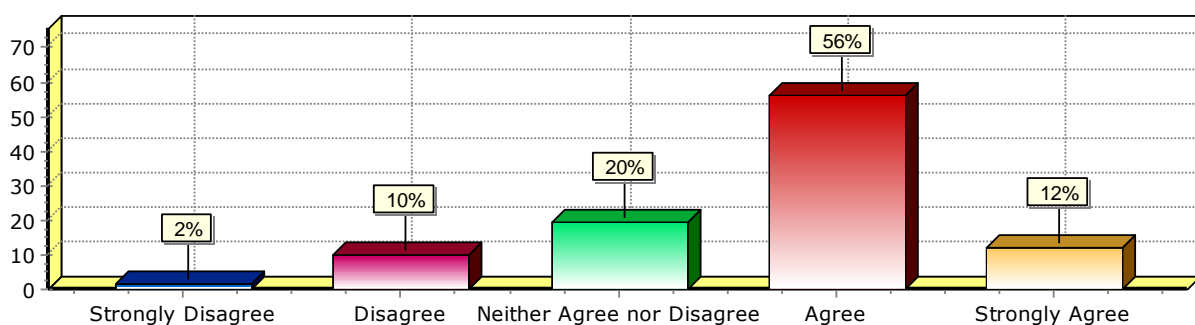
* 1% of respondents did not answer this question

2.3.4 The MHC provides sufficient tools, e.g. guidance documents, to support implementation of the inspection requirements.



* 1% of respondents did not answer this question

2.3.5 The MHC inspection process gives an appropriate amount of time for the Approved Centres to comply with requirements.



Comments Received Relating to Responsiveness

In relation to providing sufficient tools to services, positive views of the framework were noted, for example: *“The Judgement Framework itself is an excellent initiative and although it requires some work, in my view, I think it will help services and support them”*; *“I think the MHC does provide sufficient tools to support the implementation of Inspection”*. The view was also represented that the tool provided was not deemed to be easy to use by some, for example: *“The guidance document which the MHC provided was not easy to use”*.

Regarding the provision of an appropriate amount of time to comply with regulations, respondents highlighted that the turnaround time for compliance with the new framework was perceived to be short. For example: *“This year too much was expected in too short a time but it should now be an easier task”*; *“There wasn't enough time this year but hopefully we will be notified of changes in advance in the future”*.

Concern regarding the public's interpretation of the published reports was highlighted, in the context of the perceived short turnaround time and poorer outcomes as a result. For example: *“The reports are made public to people who may be unaware of the changes and short timeframe to implement these changes and therefore their interpretation of the service is incorrect and negative”*.

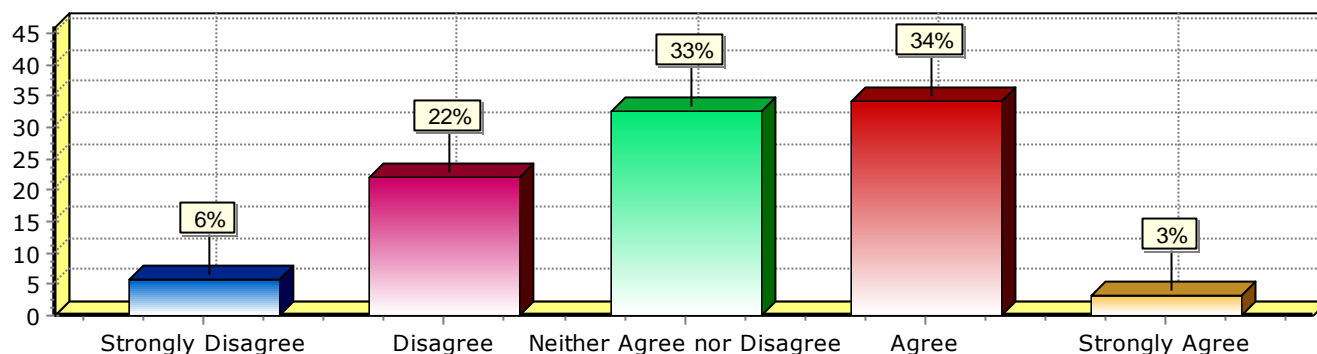
Regarding supporting Approved Centres between inspections and responding to queries, respondents highlighted a perceived lack of support and poor response to queries, for example: *“I am of the view that more could be done between inspections to support services to improve from a quality perspective”*; *“I find the MHC dismissive and unhelpful about any requests/queries outside the inspection process”*.

Regarding support, more workshops and education sessions were noted as a potential improvement for supporting approved Centres. For example: *“The JSF was not backed up with education for staff, standardised audit tools, or a training plan to comply with standards”*; *“Regarding The CAPA forms, these were quite difficult to complete and time consuming and it would have been a great asset to the process if there were some workshops on how this report was to be completed”*.

In addition, it was noted by respondents that information did not filter down to all staff in organisations where it would have been required, for example: *“I don't feel that all the information filters down to all staff. While the onus is also on managers to share this information, it would be better placed coming directly from the MHC itself. I had not heard of the framework's publication or release until it was referred to at a Feedback meeting”*.

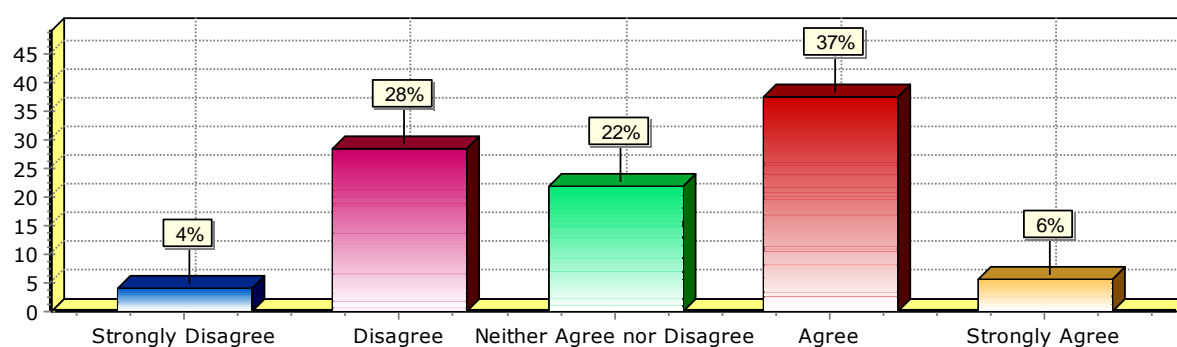
3.1.3 D) Flexibility and Consistency

2.4.1 The MHC is adaptable in their approach to the inspection process. They are open to an Approved Centres interpretation of the regulatory requirements once the quality and safety of the patient/resident can be assured.



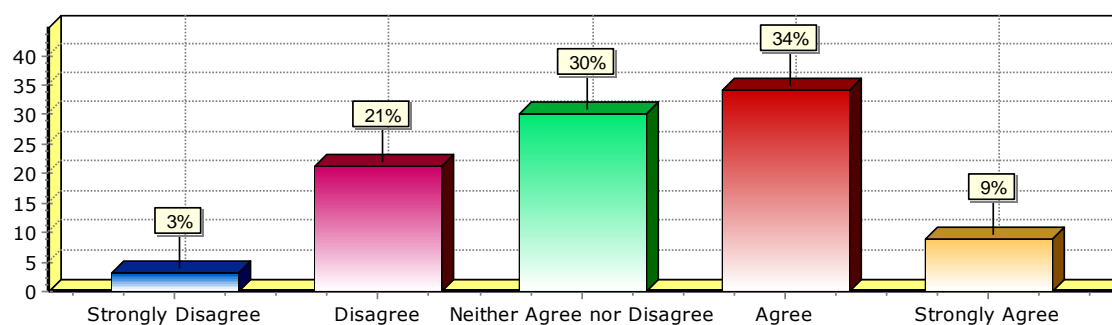
* 2% of respondents did not answer this question.

2.4.2 The MHC inspection process is consistently applied in a predictable fashion, irrespective of the MHC contact.



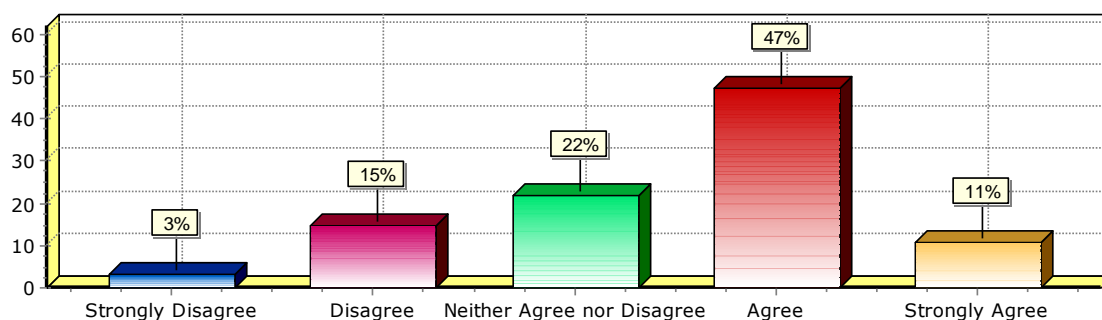
* 3% of respondents did not answer this question

2.4.3 The compliance rating utilised within the inspection process is being applied consistently.



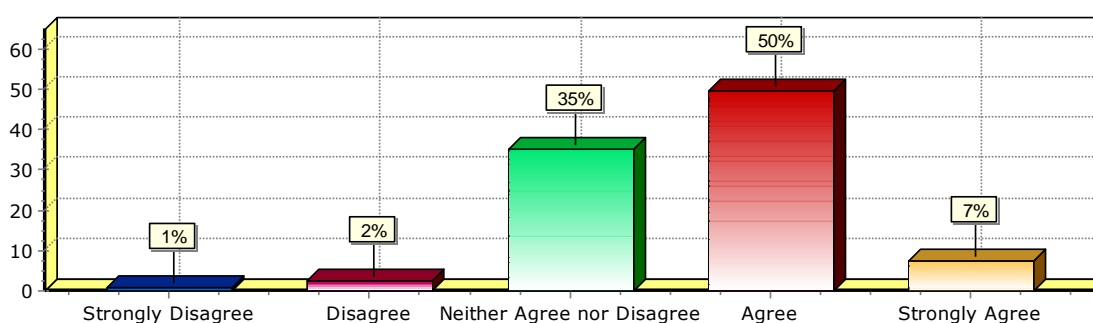
* 3% of respondents did not answer this question

2.4.4 There is never any perceived bias by the MHC Inspectors during the inspection process.



* 2% of respondents did not answer this question

2.4.5 The forms utilised by the MHC to correspond with the Approved Centres are fit for purpose.



* 5% of respondents did not answer this question

Comments Received Relating to Flexibility and Consistency

In relation to adaptability by Inspectors, respondents highlighted a tendency towards rigidity rather than flexibility, for example: *“the Judgement Support Framework noted to be applied rigidly throughout the inspection process”*.

In relation to adaptability, it was highlighted that individual Inspector strengths and weaknesses were perceived to impact the flexibility of their interpretation of the regulations, for example: *“I don't think there was an appropriate skill mix within the Inspectorate to apply the judgement necessary to be flexible across all regulations”*.

In relation to consistency of the inspection process, some positive comments were noted that the new process had less room for subjectivity, for example: *“There is a new and more flexible and open approach, hopefully this will continue – it was biased and unfair in the past”*; *“The Judgement framework will eliminate the scope for subjective views on inspection visits”*.

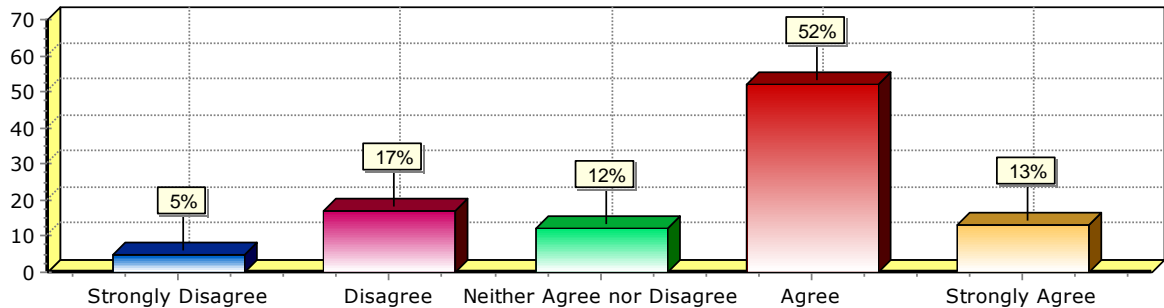
Opportunities for improvement were also noted, in relation to the process being consistently applied in a predictable fashion. For example: *“The inspection process was completely different in our two Approved Centres”*; *“Inconsistency is a huge problem, Inspectors should be following the framework not their own interpretation on the day”*; *“Again there is too much disparity and it feels like ‘the luck of the draw’ as to the background and understanding of the Inspectors”*.

Some respondents also highlighted a perceived bias in certain elements of the process, whereby some Inspectors were seen to interpret with variability, for example, *“I think some services are held to a higher standard than others”*; *“Having worked in a number of services, I am amazed that some places have passed”*.

Despite this, respondents were hopeful the JSF would reduce potential bias in future, for example: *“The JSF will minimise or eliminate any bias going forward”*.

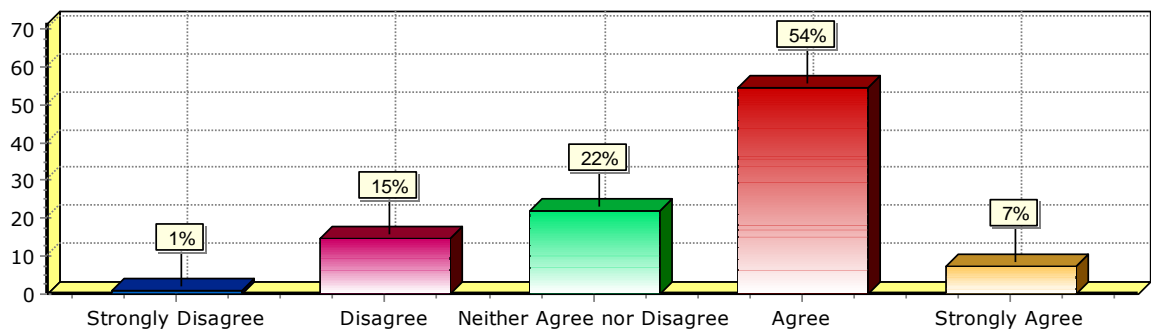
3.1.3 E) Proportionality and Targeting

2.5.1 The MHC inspection process is correctly focused. All areas of risk that could impact on the patient/resident receive adequate review.



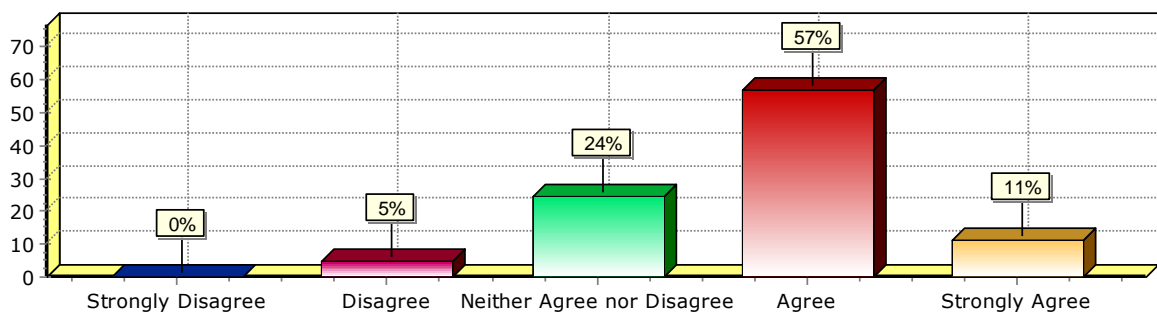
* 1% of respondents did not answer this question

2.5.2 The response of the MHC during the inspection process is proportional to their findings.



* 1% of respondents did not answer this question

2.5.3 The Approved Centre understands what is required for Corrective and Preventive Actions (CAPAs) to be accepted by the MHC.



* 3% of respondents did not answer this question

Comments Received Relating to Proportionality and Targeting

Respondents highlighted positive views on the potential of the JSF to ensure proportional responses to findings, for example: *"The JSF will ensure a proportional response to a finding"*.

It was noted that some respondents perceived the reports to *"dilute"* the findings that had been reported critically by Inspectors on the day. As a result, the response by the MHC to the findings was not proportional to that expected initially, following the feedback meeting. This was noted to then lessen the ability of the Centre's Management Team to address issues effectively (through obtaining additional resources). For example: *"At times the Inspectors voiced criticism of an area, e.g. therapeutic input, but the level of criticism seems diluted in the report which could impact negatively on proposals for service development"*.

Regarding the inspection process being correctly focused, some issues and opportunities for improvement were highlighted. This included a p

erceived current over-focus on paperwork and a lack of focus on some areas perceived to be higher risk, such as patient care implementation and patient safety. For example: *"Too much focus on form filling and not enough focus on quality of care."*; *"I think that at times the MHC focuses on things that do not have a strong relationship with safety of service users"*.

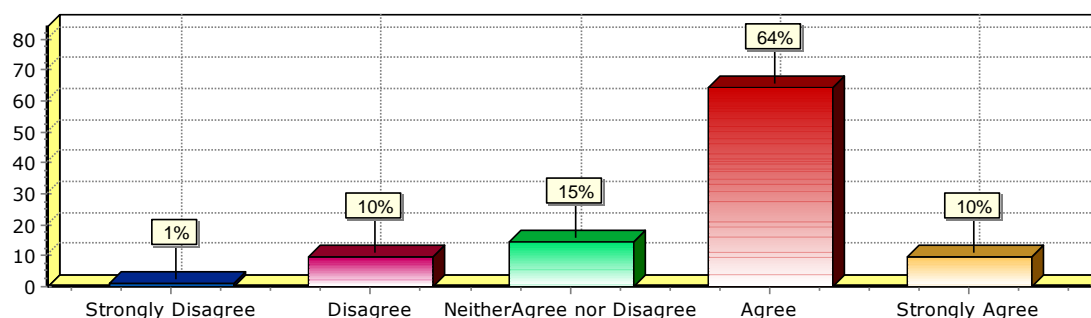
It was highlighted that the MHC was not perceived to be asking the right questions in all cases, and that some issues are perceived to be ignored. For example: *"The questions the MHC should be asking: 'Can patients access services in an adequate amount of time?'; 'Is care effective?'; 'Why is the ongoing admission of children to adult units being ignored by those placed to address it?'"*

Regarding the CAPAs required in response to findings, it was noted that proportionality and clarity was not understood in some cases, for example, *"CAPAs do not always have to be audits or training...services doing weekly audits on MCRN numbers is disproportionate to the problem"*; *"Guidance regarding acceptability of CAPAs would be useful for Approved Centres"*.

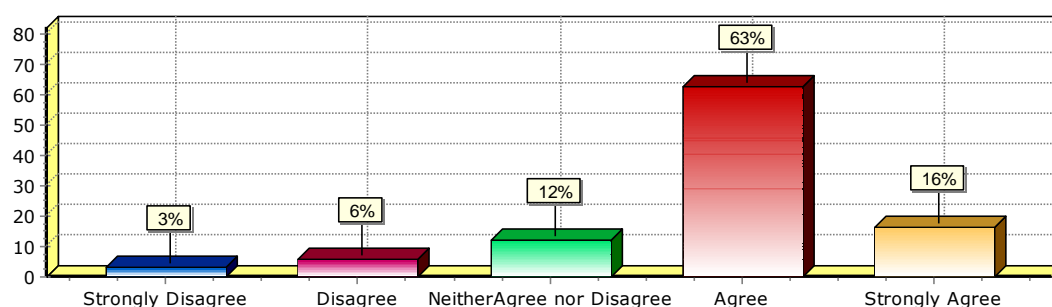
Mixed comments were noted in relation to a perceived lack of involvement of the patient and family in the inspection process, for example: *"The patient's story is overlooked and in my experience this only serves to compound their sense of hopelessness and helplessness and the majority are traumatised by this"*.

3.1.3 F) Accountability and Independence

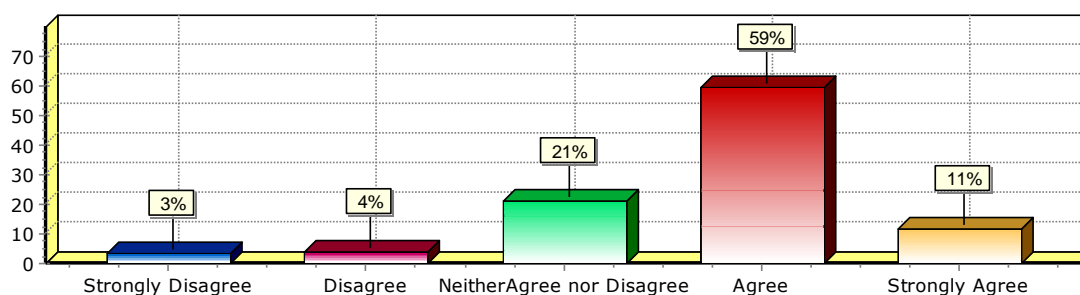
2.6.1 It is sufficiently clear to the Approved Centre how the MHC has reached its findings in the inspection report.



2.6.2 There is a confidence within the Approved Centre that the MHC is sufficiently independent.

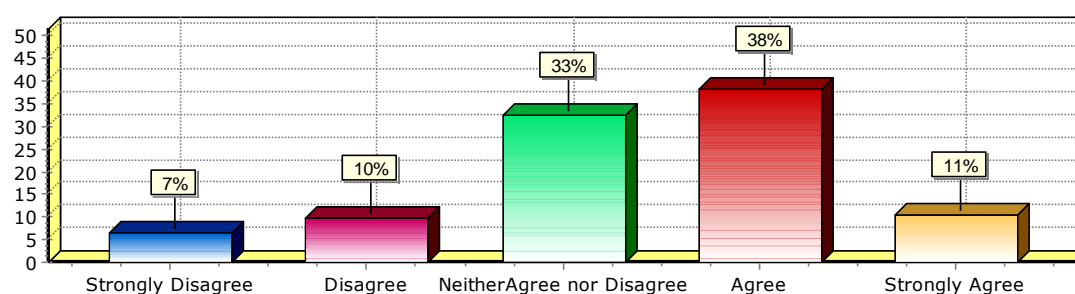


2.6.3 There is sufficient information available, and communicated, to the Approved Centres regarding how to appeal any decisions made by the MHC as part of the inspection process.



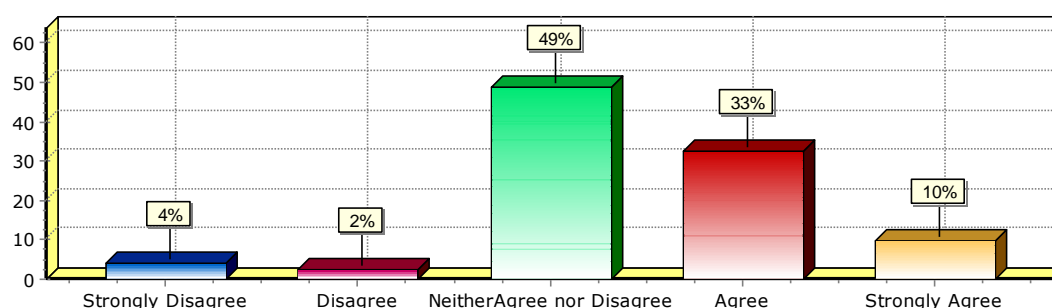
* 2% of respondents did not answer this question

2.6.4 There is sufficient information available, and communicated, to the Approved Centres regarding how to make a complaint against the MHC inspection process.



* 1% of respondents did not answer this question

2.6.5 The complaint process available to the Approved Centre is impartial and effective.



* 2% of respondents did not answer this question

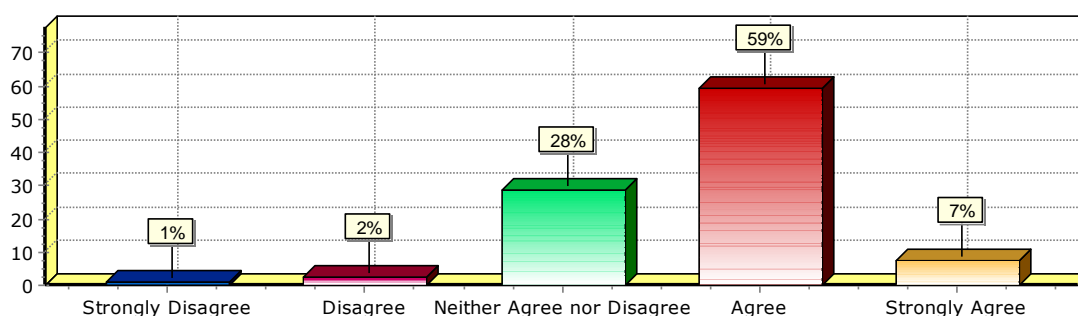
Comments Received Relating to Accountability and Independence

In relation to independence, it was noted that the MHC was deemed to be a fully independent body. In relation to clarity in how the MHC reached its findings in the reports, a lack of clarity was noted in some instances, for example: *“Inconsistencies noted throughout the report in relation to some of the comments made and final compliance rating applied”*; *“Hard to decide the difference between good and excellent”*.

Regarding the complaints process being clear and communicated, it was highlighted that some individuals were not aware of the complaint process, for example: *“I am unaware of the how to make a complaint against the MHC”*; *“The MHC appeal process was not explained”*.

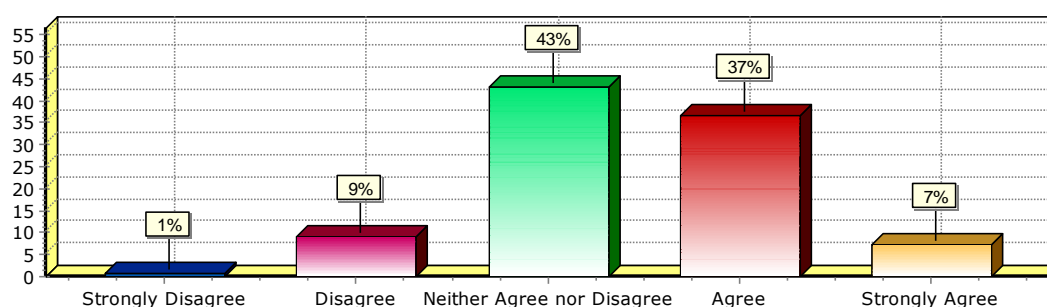
3.1.3 G) Enforceability

2.7.1. The inspection findings appropriately inform the MHC enforcement process.



* 3% of respondents did not answer this question

2.7.2 The MHC works with Approved Centres during the enforcement process.



* 3% of respondents did not answer this question

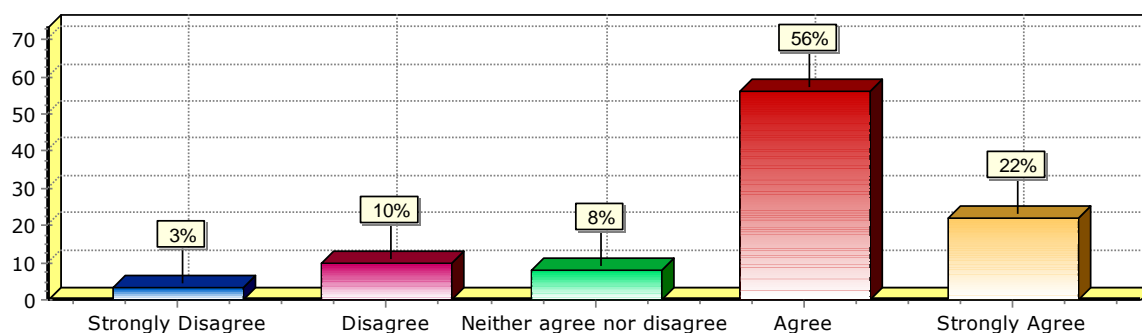
Comments Received Relating to Enforceability

Mixed views were highlighted regarding the inspection findings appropriately informing the MHC enforcement process. Some respondents highlighted positive views regarding the response of the MHC to findings, reporting balance and fairness, as follows: *“The MHC provides a fair and balanced response accepting the limitations and time required to implements change, i.e. new premises etc. rather than going full closure straight away.”*; *“In general the MHC is responsive and helpful in this regard”*.

Despite the positive views, other respondents highlighted opportunities for improvement regarding the same topic. These related to the inspection process identifying the appropriate issues requiring enforcement: *“There seems to be very little in the Commission's armoury other than closure and publishing reports”*; *“I don't know how closely they work during the enforcement process but how can the findings inform enforcement when the inspection is unfit for purpose”*.

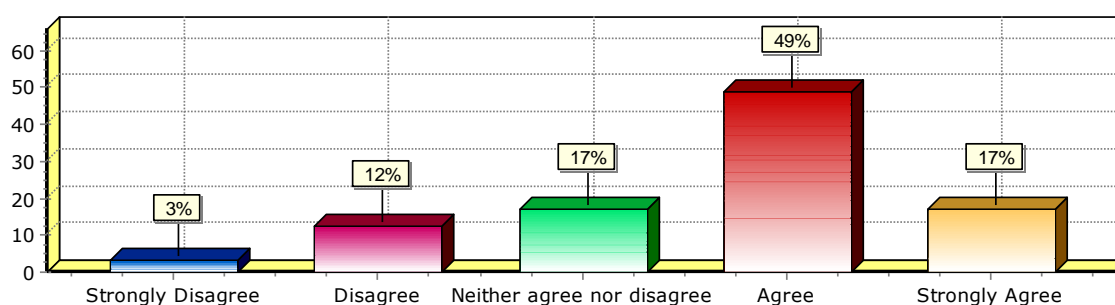
3.1.3 H) Improvement Focus

2.8.1 Quality improvement by the Approved Centres is a specific focus of the MHC inspection process.



* 1% of respondents did not answer this question

2.8.2 The inspection process outputs (i.e. Inspection Reports) are sufficiently detailed to drive performance quality within the services provided.



* 2% of respondents did not answer this question

Comments Received Relating to Improvement Focus

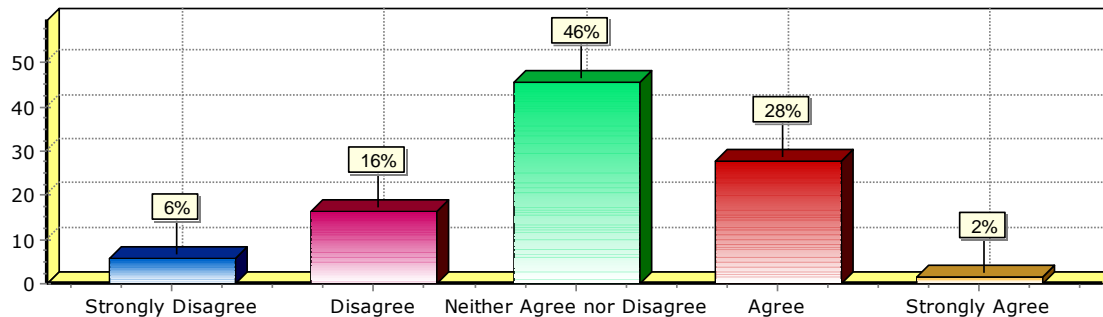
In relation to quality improvement, a clear focus was identified, for example: *"This is one of the significant changes I have noted over the last five years"; "I am involved with Quality Improvement in an Approved Centre and thus I can strongly agree with 2.8.1"*.

Other views noted included that, while the intention of the MHC may have been to improve quality, the process is not perceived to be improving the "face to face quality of care", for example: *"Their heart is in the right place, I do believe that the focus is to improve the services. Unfortunately, the philosophy is wrong and the model is wrong"*.

Further comments highlighted a perceived gap in the focus on quality improvement within the inspection process. In relation to the report being detailed enough to improve quality, few comments were noted. Comments represented mixed views, both positive and identifying opportunities for improvement. For example: *"I find the Inspection Reports are written in easy to use language with a rationale for actions"; "In relation to therapeutic services delivered by AHPs, I believe the reports do not go far enough in highlighting the widespread gap in our services"*.

3.1.3 I) Cost Consciousness

2.9.1 The MHC is mindful of the costs involved in service provision under the current inspection process.



Comments Received Relating to Cost Consciousness

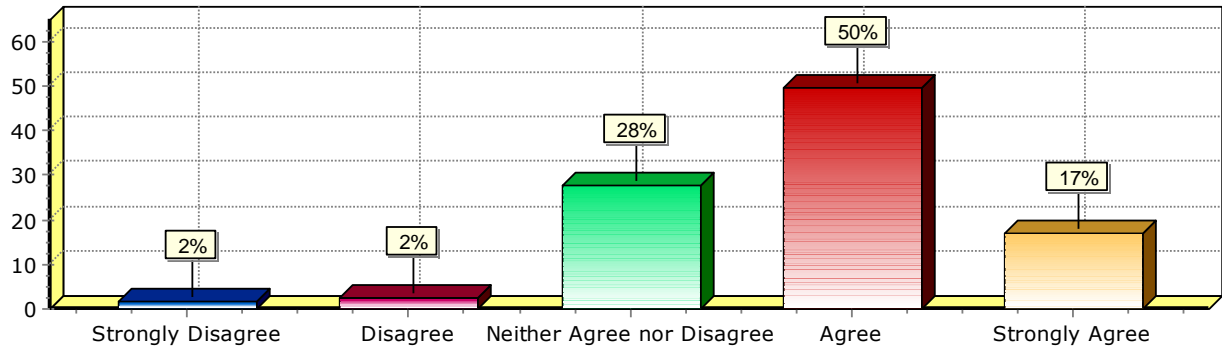
In relation to the MHC being conscious of the costs to services, some positive feedback was noted: *“Yes, I believe they are aware of cost issues”*. Positive feedback was also noted in relation to the improved access to resources by management following the MHC highlighting recommendations, as follows: *“I find a recommendation from a report a very useful means of accessing resources in a speedy manner”*.

In contrast, some respondents noted that the MHC was perceived to be unaware of the cost implications of their recommendations. For example: *“There is a lack of understanding of cost implications in improving the environment and/or staff recruitment, and the balance between focus on community services and Approved Centres”*; *“I don't feel that there was much consideration given to cost in my experience”*.

Some respondents highlighted their view that the MHC was aware of the cost implications but didn't factor them into their recommendations. For example: *“While they are aware of the cost implications of recommendations they do not factor this into their findings”*; *“I think the MHC feels it has no power to influence budgets or costs and must still make particular recommendations for an Approved Centre regardless of these facts”*.

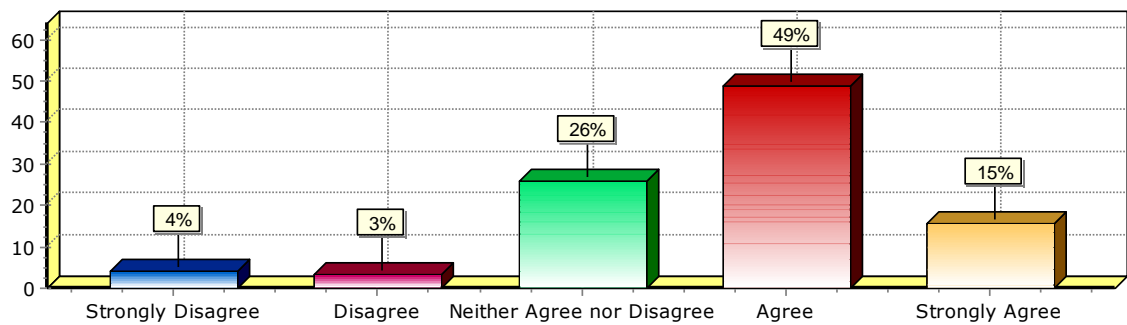
3.1.3 J) Formative Evaluation and Review

2.10.1 The MHC is working to improve its inspection process.



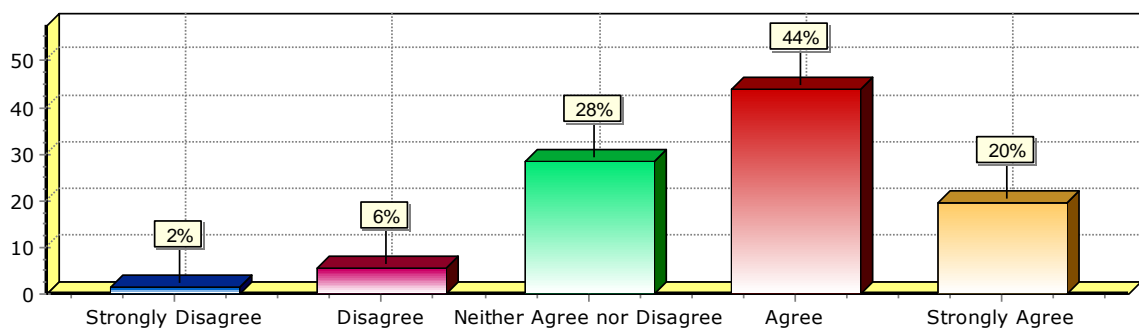
* 1% of Respondents did not answer this question

2.10.2 The MHC is open to feedback regarding the inspection process.



* 3% of respondents did not answer this question

2.10.3 The MHC is becoming more effective in its assessment of the services being provided via the inspection process.



Comments Received Relating to Formative Evaluation and Review

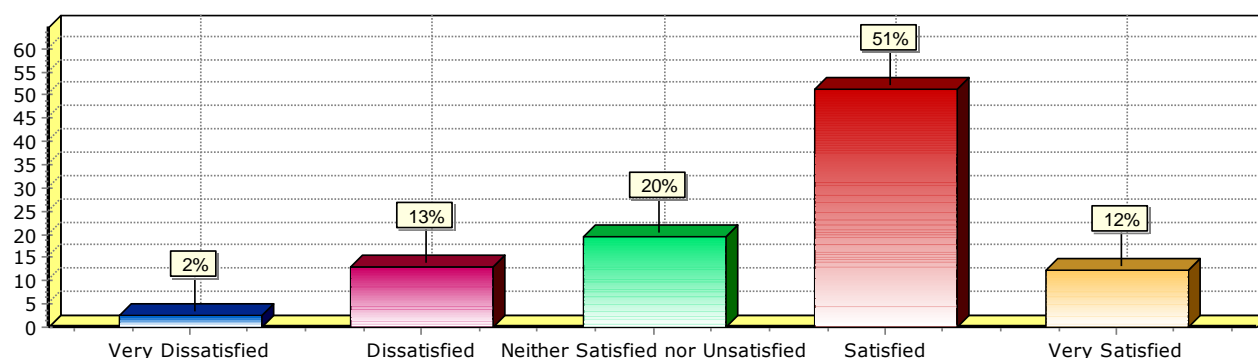
In relation to the MHC working to improve its inspection process, there was recognition from respondents that the current review process was a positive example of the MHC seeking to improve its inspection process. For example: *"Asking for this survey to be completed is evidence in itself of the MHC being open to the inspection process"; "I do hope the feedback sessions and all the feedback that was provided is taken on board by the MHC to learn from and improve its process"*.

In relation to the MHC becoming more effective in its assessment of Approved Centres, positive feedback included: *"I believe this year was an improvement"; "The judgement support framework is an excellent tool"; "Sitting in on OT group was a good form of inspection"; "Talking to service users to get their views was an effective evaluation tool"*.

However it was also noted: *"The judgement support framework has improved the quality of the inspection process but more time could be spent in the wards/units/departments for observation"*.

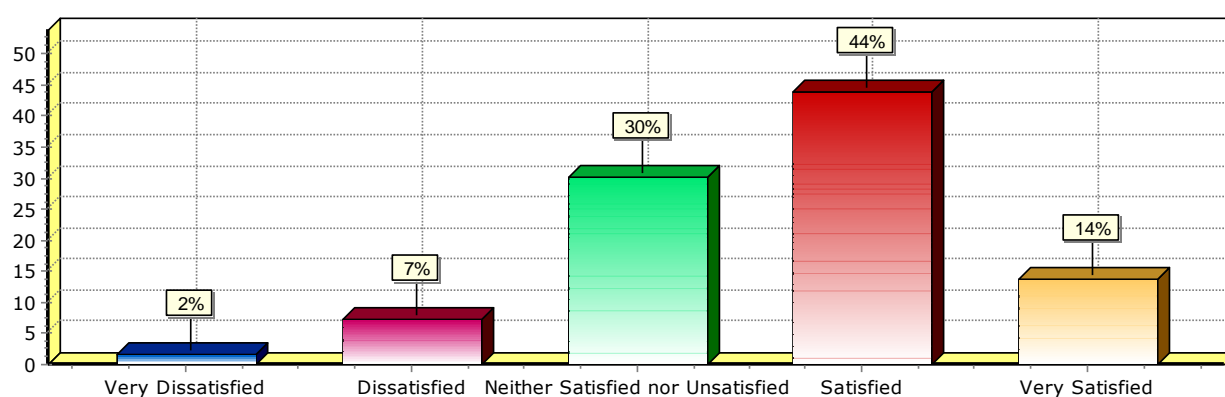
3.1.4 Results from Process Review Survey Questionnaire: Overall Satisfaction

3.1.1 Please rate your overall satisfaction with the MHC inspection process.



* 2% of respondents did not answer this question

3.1.2 Please rate your overall satisfaction with the JSF.



* 3% of respondents did not answer this question

Comments Received Relating to Overall Satisfaction

In relation to overall satisfaction with the JSF, respondents acknowledged that the JSF was a welcome new resource, which had coincided with an improved inspection process. For example: *"I welcome the JSF and a better inspection process. It's far better than last year, just needs a little more thought and time"*; *"The judgement support framework is an excellent tool to work from"*.

In relation to overall satisfaction, opportunities for improvement were also identified. These included highlighting the need to identify and enforce actions for issues that were perceived to *not* have been addressed fully by the JSF. For example: *"It shouldn't be acceptable for patients to be nursed in environments that lack any stimulation and promote*

institutionalisation. It shouldn't be acceptable for children to be admitted to adult units for long periods of time. This is more important than ligature points”.

Opportunities for improvement also included the desire for the JSF to involve more members of the Multi-Disciplinary Team (MDT) in the processes and a preference for additional time in future to implement the changes required by the JSF. For example: *“There is a heavy focus on nurses and not as much focus on the MDT”*; *“No time or plan for implementation of the JSF was given to services”*.

3.1.4 A) Please detail the top 3 things the Mental Health Commission could do to improve the JSF

In relation to the top 3 things the MHC could do to improve the JSF, the following areas (1-8) were identified as the predominant themes highlighted by respondents.

1. Simplify the JSF

Multiple comments highlighted a preference to simplify the JSF and reduce the requirements for Approved Centres within it.

Comments included:

- *"Simplify".*
- *"Shorten".*
- *"Reduce duplication".*
- *"Too many policies are expected – it's information over load. Unwieldy and unmanageable".*
- *"Remove the requirement to audit every regulation – it is not practicable, necessary or resource efficient".*
- *"Refine further following feedback and initial usage".*

2. Improve clarity of the JSF

Multiple comments referred to a preference for improving clarity of the JSF in relation to terminology, specific requirements, and to ensure that the scoring system is clear and understandable.

Comments included:

- *"Clarify what is meant by some of the terminology used e.g. awareness vs training".*
- *"Outline specific audit and training requirements".*
- *"Provide definitions and clarification for vague statements e.g. what constitutes training? What is meant by the ICP (does it include the Clinical File?. Staffing?"*
- *"User friendly version of JSF for all staff members i.e. an outline/not as detailed version".*
- *"Clarify differences between scoring".*

3. Improve education and information available to the Approved Centres

Multiple comments highlighted the desire for ongoing education and workshops to include examples of excellent compliance for Approved Centres.

Comments included:

- *"Have an information campaign".*
- *"More education/training/support".*
- *"Provide more examples of excellent compliance".*
- *"An education programme for staff using a train the trainer format".*
- *"Hold interactive workshops for staff to attend/complete online BUT allowing different disciplines to complete ALL sections, not just relating to their own so there is a better understanding of what roles different disciplines play".*
- *"Arrange workshops on Quality Improvement within MHS using the JSF to guide same".*

4. Introduce weighting where it is appropriate

Multiple comments referred to the preference to introduce a form of weighting within the JSF.

Comments included:

- *"More appropriate weighting across all four areas for certain regulations".*

- *“Remove some of the regulations that are inspected e.g. Equal weighting is given to displaying the certificate of approval / having insurance indemnity and care planning”.*
- *“Clarity and response re queries in a prompt and efficient way”.*

5. Provide Resources for Approved Centres in relation to JSF Requirements

Multiple comments referred to a desire for additional resources for Approved Centres to alleviate the perceived burden of some requirements within the JSF.

Comments included:

- *“Ensure resources are provided to allow its implementation”.*
- *“Predetermined audit tools prepared for use”.*
- *“Standardise the ICPs for all services include a different template for acute and long stay persons”*
- *“Provide monitoring and implementation support via the provision of audit tools, training etc.”.*
- *“Provide a document that can be copied and pasted to convert to compliancy dashboard (traffic lights) spreadsheet”.*

6. Improve flexibility of the application of the JSF

Multiple comments highlighted a preference for improved flexibility in the application of the JSF as part of the inspection process.

Comments included:

- *“More flexibility in relation to the auditing requirements for particular regulations”.*
- *“More flexibility in how it is applied during the inspection process”.*
- *“Be flexible where appropriate, e.g. the definition of searches. If you don't want to do this, then common sense on the day could suffice. Filling in paperwork on 20 'searches' per day takes time away from more relevant patient care”.*

7. Improve the focus on patients and families

Multiple comments noted a preference to include more focus on patients and their relatives as part of the JSF content.

Comments included:

- *“The JSF seemed out of line with the promotion of family involvement that is outlined in the quality framework, it therefore appears to be more medical in its focus”.*
- *“Consider recommendations that could be devised by Service Users to implement more sensitive recommendations allowing for more individual, emotionally sensitive advice”.*
- *“Write a service user guide to the inspection process”.*

8. Review the overall focus of the JSF

Multiple comments highlighted a preference for certain changes within the JSF content. Suggestions for reform included more emphasis on recovery, more focus on the MDT, and more emphasis on quality improvement.

Comments included:

- *“Reform what you are judging”.*
- *“Have greater emphasis on mental health and recovery”.*
- *“Clear sections for specialities”.*
- *“More detail on Recreation and professional involvement”.*

- *“Too much emphasis on role of nurses not spread evenly across all MDT”.*
- *“Place more emphasis on quality improvement and quality indicators in addition to policies and processes so that it becomes more recovery focused”.*

3.1.4 B) Please detail the top 3 things the Mental Health Commission could do to improve the Inspection Process.

In relation to the top 3 things the MHC could do to improve the inspection process, the following areas (1-7) were identified as the predominant themes highlighted by respondents.

1. Improve ongoing education and guidance for Approved Centres

Multiple comments related to the desire for greater education and guidance for Approved Centres around MHC processes, best practice, and the JSF. Comments also emphasised promoting sharing local good practices to promote better practice in all Centres.

Comments included:

- *“Improved communication”.*
- *“More annual workshops”.*
- *“Good practices could be disseminated more”.*
- *“Provide Approved Centres with examples of services that achieve ‘Excellent’ ratings”.*

2. Improve clarity of feedback and provide advice regarding the inspection outcomes

Multiple comments related a preference for improved clarity of the outcome of the inspection. Multiple comments also highlighted the preference for more advice from the MHC in relation to the noncompliance findings. Comments also highlighted the need for contact with the MHC to be available in order for the Approved Centres to seek advice and address queries.

Comments included:

- *“More time for feedback and clarity”.*
- *“Be more specific on service failures”.*
- *“More detailed feedback sessions with time for negotiations and discussion”.*
- *“Greater guidance to services on issues relating to compliance that they are having difficulty achieving”.*
- *“Come back after the feedback session and talk to staff about the changes they are making and advise them about the changes”.*
- *“Be available to respond to queries or to provide clarification where required”.*

3. Reduce the focus on paperwork

Multiple comments highlighted a renunciation in the perceived focus on paperwork, as a way to improve the inspection process.

Comments included:

- *“Reduce focus on paper work and increase focus on care implementation and quality improvement”.*
- *“Have less of an emphasis on paperwork”.*
- *“Paperwork is important but the importance it's given currently is disproportionate and cuts into actual engagement with clients and team discussion of their issues”.*
- *“Forget about MDT care plans. The better the care plan, the worse the care is likely to be”.*

- *“The Baby P case in the UK is a direct result of social workers spending far too long on unnecessary documentation and far too little doing case work. This by their own admission”.*

4. Improve the involvement of stakeholders in the inspection process (Staff)

Multiple comments related to improving engagement and consultation with stakeholders during the inspection process, including all levels of staff, health and social care professionals, accountable members of management, and consultants. In regard to feedback meetings with multiple stakeholders, the emphasis was also placed on allowing for a collaborative session, which included some emphasis on positive feedback and recognition of the staff working with limited resources.

Comments included:

- *“Make it compulsory that other members of the MDT, outside of nursing, are present throughout the inspection process”.*
- *“There is a focus on nursing and medical staff; there was no request to speak with myself (psychologist) during a 3-day inspection despite my offering to”.*
- *“Meet with frontline staff, privately, and find out the real areas of concern on the various units. This should be done anonymously”.*
- *“Engage with all stakeholders during and inspection and allow a collaborative feedback meeting”.*

5. Improve the involvement of stakeholders in the inspection process (Patients)

A desire for improved involvement of patients and relatives as stakeholders was also highlighted in multiple comments. This included talking directly to patients and relatives about their experiences of the service provided. Comments also highlighted the desire for involvement of the advocacy services as part of the inspection and feedback meeting.

Comments included:

- *“Speak more to clients on the units”.*
- *“Including a Service User as part of the Inspectorate Team”.*
- *“Involve all parties in the feedback, advocacy services also?”*
- *“Review of patient satisfaction and comment cards”.*
- *“Advocate for staff and patients”.*

6. Improve consistency of the inspection process

Comments noted the preference for consistency between inspections and Inspectors. Emphasis was also placed on impartiality and independence of the Inspectors in terms of advocating for mental health services in Ireland.

Comments included:

- *“A more balanced review across different members of the Inspectorate”.*
- *“Clarity and Consistency”.*
- *“Promote consistency and impartiality”.*
- *“Have consistent Inspectors with relevant backgrounds”.*

7. Recognise the challenges faced by Approved Centres

Multiple comments highlighted a preference for improved recognition of the challenges faced by Approved Centres on the day of inspection and on an ongoing basis.

Comments included:

- *“Be mindful of the day-to-day running of the ward where there could be lots of meetings/reviews and staff can be very busy”.*

- *“In feedback sessions, acknowledge that good work is being done despite restrictions that the environments might place on staff e.g. working in old building, cramped spaces”.*
- *“Highlight non-service factors effecting service”.*
- *“A more realistic understanding of the economic constraints under which services are run”.*
- *“Take into consideration staffing levels and if there is a need for further staff to fulfil the MHC recommendations”.*

3.2 Findings: Focus Groups

Invitations to participate in Focus Groups were issued to the Registered Proprietor Nominees. They were requested to forward the invitations within their services and a multidisciplinary response was invited. A total of 6 focus Groups were held, two in Dublin and the remainder in venues around the country. The total number of 59 people participated with group size varying from 9 to 13. The demography of the Focus Group participants is listed in Appendix 2.

Qualitative findings from these focus groups are outlined under the headings below:

3.2.1 Focus Group Feedback Regarding Judgement Support Framework.

3.2.2 Focus Group Feedback Regarding Inspection Process.

3.2.1 Focus Group Feedback Regarding Judgement Support Framework

3.2.1 A) Rigour and Robustness

- i. The JSF was considered rigorous and robust regarding improving quality and safety of services provided.*

The findings of the focus groups indicated that overall the focus groups endorsed the rigour and robustness of the JSF. Across multiple groups, participants highlighted the perception of rigour and robustness of the JSF, with increased detail, clarity, and standardisation noted. It was highlighted that the JSF was welcomed and that the timing was positive. It was also noted that the JSF may improve the drive to be “excellent” among Approved Centres. The framework was noted to provide improvement in comparison to previous years. Participants noted that while it was considered robust, it was also considered to be a work in progress.

- ii. The JSF was noted within focus groups overall to be in line with best practice.*

It was noted by multiple groups that the JSF was considered to be in line with best practice though they highlighted it will take time to get these practices implemented fully on the ground.

- iii. A deficit in the robustness of the JSF was noted in reference to the existing deficits in the current Regulation, on which the JSF is based.*

It was noted that the JSF was considered to be limited because it is built around the regulations. It was also noted that the regulations have minimal detail for certain processes such as governance and safeguarding.

- iv. *A deficit was noted in relation to Approved Centres receiving compliance when known gaps existed.*

It was noted within the focus groups that some Approved Centres achieved compliance where gaps were known to exist. It was noted that this might have been due to the JSF, or the inspection process, not being fully clear which was at the core of this discrepancy.

- v. *It was noted that clinical risk assessment was lacking from the content of the JSF.*

This was noted particularly in relation to separation of clinical risk from other risk assessment, and clarity of risk to service users. Similarly, it was noted there was a need to develop report outcomes that include the context of the impact of the risks on patients.

3.2.1 B) Openness and Transparency

- i. *The scoring system was positively received overall. Understanding of the system was noted to be variable.*

Across multiple groups the introduction of a scoring system was noted positively. While it was noted to be understood by many participants, a number of participants reported a lack of understanding regarding how Approved Centres are rated during inspection.

- ii. *The time for introduction of the JSF was perceived to be too short.*

The findings indicated across multiple groups that participants felt the JSF was rolled out too quickly, which impacted understanding of the system by Approved Centres.

- iii. *More education around the JSF sought.*

The findings from all the focus groups indicated participants wanted more education and training for Approved Centres in relation to the use of the JSF, understanding of the scoring system, and, as a result, better understanding of the reports and how to achieve compliance.

- iv. *Perceived lack of clarity on how decisions were made.*

It was highlighted that some reports did not evidence the reasoning for the regulatory outcome sufficiently, and did not demonstrate the use of the triangulation system in all reports.

3.2.1 C) Responsiveness

i. Variation in responsiveness from the Commission regarding queries about the JSF.

Multiple groups noted a gap in availability of dedicated response, or contact teams, in the MHC in relation to the JSF. Clarity of whether you could contact your Inspectors for advice was noted to be needed. However, some positive examples of individual Inspectors responding to queries were positively noted.

ii. A lack of clarity regarding the process for Inspectors to respond to serious issues identified during an inspection.

It was noted in one group that it was unclear what risk or issue would need to be in place for Inspectors to act on that risk immediately.

3.2.1 D) Flexibility and Consistency

i. Perceived lack of consistency in the interpretation of the framework by Inspectors.

The findings indicated some Inspectors utilised the JSF appropriately in the areas that required a level of experience. Other participants experienced Inspectors using the JSF prescriptively in all areas.

ii. Perceived lack of consistency regarding risk management processes.

The overall findings indicated a perceived gap in marrying all elements of risk management appropriately, with a great focus on overall risk management processes, but a lack of appropriate inspection of the clinical risk management element.

3.2.1 E) Proportionality and Targeting

i. Preference for some weighting and noted a current over-focus on some aspects within the JSF, including some areas of risk management, training and audit.

A number of participants across the focus groups identified a current, inappropriate over-focus on certain areas, with a lack of weighting where it would be appropriate.

It was highlighted that there was a perceived current gap relating to weighting of patient safety issues, whereby an Approved Centre was perceived to be eligible for compliant outcomes – despite patient safety issues – if they scored highly in all other elements of the standard. (This is currently managed via the “exception to the rule”, however external Centres did not refer to this rule in any group, and hence may not be aware of the rule).

It was highlighted there was a perceived lack of focus on the implementation of care, as proposed to the review of psychical care planning documentation. It was also noted that there was a perceived lack of weighting on physical health and wellbeing in the JSF.

It was also highlighted by one group that safeguarding was not perceived to receive as sufficient attention it required, though it was recognised this was due to the limitation of the regulations.

ii. Perception that the service as a whole was not seen by Inspectors in the appropriate context (e.g. where the community forms a large part of the service)

It was highlighted, in a minority of focus groups, that the view of the service as a whole was missed where the Approved Centre only formed one part of the service. For example, where the community formed a large part of the service, some participants noted the inspections did not paint a reflection of the service as a whole.

3.2.1 F) Accountability and Independence

i. Approved Centres committed to the JSF and meeting its requirements.

Across all groups a consensus was highlighted that the Approved Centres were committed to the JSF, and to meeting its requirements. It was noted it might take time to understand and meet all the requirements.

3.2.1 G) Enforceability

i. The JSF was deemed to be utilised for enforcement purposes.

Overall the finding was that the groups believed the JSF was used to promote enforcement as part of the inspection and regulatory process. A gap was noted by one group, in relation to the immediate enforcement during inspections and the process for how that takes place to ensure patient safety.

3.2.1 H) Improvement Focus

i. The JSF driving improvement in Approved Centres.

The overall findings indicated predominantly that focus groups felt the JSF was positively driving improvement in relation to quality and safety of care. However, one group highlighted a lack of clarity in reports, of which improvement was required.

3.2.1 I) Cost Consciousness

i. Additional cost burden associated with the introduction of the JSF.

The overall findings indicated the groups, predominantly, perceived there to be increased time burden associated with the JSF and meeting its requirements. It was felt that some of these additional costs did not directly benefit the patients, for example the audit and training in each area of the standards. However, one group strongly noted there were no perceived additional costs to Centres.

ii. Preference for more clarity on the training and audit requirements in the JSF.

Across all focus groups it was highlighted that there was a lack of clarity of what can be considered to count for training and audit requirements in the JSF.

3.2.1 J) Formative Evaluation and Review

i. Opportunity for improvement with regard to initial development and involvement in the JSF.

It was highlighted that an increased involvement with Approved Centres, during initial development, and roll out of the JSF, would have been preferable. Improved consultation, more workshops, and more open invitations to such workshops were discussed as considerations for future reference.

3.2.2 Focus Group Feedback Regarding Inspection Process.

3.2.2 A) Rigour and Robustness

i. Increased rigour and robustness within the new process.

The overall findings indicated across the majority of groups, that the new process was seen to be more rigorous and robust. Participants across all the groups highlighted staff feeling more relaxed with the additional time, and that the Inspectors achieved a more thorough view of the service as a result of the additional time allocated. It was noted across multiple groups that the new process allowed the Approved Centres to show off their positive processes that may not have been noted in past inspections, as Inspectors spent more time with the teams and the patients.

It was noted by a minority of participants that some items were missed by Inspectors and that better outcomes were achieved than they felt they deserved.

There were also a minority of participants who reported less robustness towards the end of the year in comparison with the initiation of the new process earlier in the year (relating to less time spent on site).

One group highlighted that the reports were not descriptive enough to show that a robust process was taking place in all Approved Centres.

ii. More involvement of staff on the ground and involved a wider range of staff disciplines.

The findings identified that all focus groups viewed the new process to have been more hands on and interactive with staff and patients on the ground, which was described across the groups as a positive change.

iii. The appropriateness of the hours the Approved Centres were attended during inspections on site may impact robustness of the process.

It was noted within a minority of groups that the inspections were all during daytime hours, which may not reflect the services provided at other times of the day. The group noted that night and morning starts would be more representative of the entire range of the services provided.

3.2.2 B) Openness and Transparency

- i. Improved openness with regard to provision of information.*

It was noted that clear information was received around the inspections and the process for inspection. It was noted that there was less ambiguity around what would be happening during the inspection.

- ii. Mixed views regarding openness and transparency in terms of feedback and decision making.*

While some groups noted clear justification regarding decision making by Inspectors, multiple participants noted a lack of understanding around the results they received in the reports. The findings noted that groups felt it was not possible to know the compliance ratings at the end of the inspection despite the feedback meeting.

The focus groups expressed mixed views on whether Centres could engage more at the feedback meetings. The predominant finding was that Centres could engage more openly at feedback meetings within the new process.

- iii. Concern that the Approved Centres could not contact their case holder (lead Inspector).*

It was highlighted by one group that the Centres could not contact their lead Inspector if they needed to, which was noted to impact the openness and transparency of the process.

3.2.2 C) Responsiveness

- i. The Focus groups noted positive and negative experiences with queries and responses from the MHC regarding the inspection process.*

Although improvement in responsiveness by the MHC was noted in some focus groups, the predominant finding was that there was a gap in responsiveness to Approved Centres' queries by the MHC.

3.2.2 D) Flexibility and Consistency

- i. Regarding flexibility, a more adaptable approach was acknowledged.*

The Inspectors were positively described by the groups as being "black and white" when they needed to be, with a more adaptable approach seen in most cases in 2015. As per 3.1.3 (D) regarding flexibility, some areas were still deemed to be interpreted over-prescriptively where flexibility was required.

ii. Difficulties regarding inter-rater reliability, and consistency between Inspectors.

The findings indicated predominantly negative views regarding inter-rater reliability, predictability, and consistency of different Inspectors during the regulatory process. One group highlighted a lack of consistency between all published reports described as possibly relating to the perceived individual understanding of the process by the Inspector. Inconsistent comments from different Inspectors regarding the same process were being noted in multiple groups. It was noted that while some level of subjectivity is needed by the Inspectors, there should be processes in place to avoid individual personalities impacting on the outcomes of inspections and reducing the consistency of the inspection process.

3.2.2 E) Proportionality and Targeting

i. Perceived over-focus in the inspection on certain areas.

While it was noted within some groups that outcomes were proportionate, in some cases the findings predominantly indicated that groups perceived there to have been an over-focus on certain areas. The areas discussed regarding over-focus included reviewing of paperwork and the focus on care plans, with a resulting loss of focus on the important areas of care and implementation of processes.

ii. Nursing focus was still evident in inspections.

While it had been noted previously that some Centres experienced a wider involvement of multiple members of the team, it was highlighted in the majority of groups that a nursing focus was still evident in inspections. It was discussed that a broader involvement including clinical teams, clinicians, and health and social care professionals, would be of greater benefit.

iii. Targeting of some risks was focused inappropriately for their organisation, missing potential risks.

Some groups highlighted that that some risk ratings seen in reports were perceived to lack context of their organisation and their perceived risks within that organisation. The predominant item discussed was the staffing levels available and the impact of low staffing levels on the provision of safe service. This was described as having received a lower risk than the organisation perceived it to be, by multiple participants.

3.2.2 F) Accountability and Independence

i. No concern regarding the MHC's independence.

No groups expressed any concern regarding the independence of the MHC as a regulatory body.

ii. Perceived lack of accountability by Inspectors in relation to involvement in the regulatory process following the onsite inspection.

One group stressed the need to address the gap in accountability by Inspectors, whereby the process does not require Inspectors to follow through with review, acceptance, or follow through of the action plans developed by Approved Centres in response to the report.

3.2.2 G) Enforceability

i. Limited use of enforcement powers.

One group highlighted their perception that the Commission did not use their enforceability powers appropriately. The group noted it was unclear who was responsible for the enforceability (i.e. the Commission or the Inspectors). It was highlighted that repeated issues were seen in published reports over time, indicating a lack of effective enforcement. It was noted that the consequence of breaking conditions was not clear. It was highlighted that the gap in follow through of Inspectors with the action plans (as highlighted under accountability and independence above) may impact the effectiveness of the enforcement process overall. A perception that the MHC was not “thorough enough” on Approved Centres.

It is notable that in contrast to the above, a minority highlighted they had experienced proportionate enforcement and follow up regarding the issues observed and actions required – with a minority also highlighting that they felt there had been too much enforcement too quickly.

3.2.2 H) Improvement Focus

i. Outcomes of the inspections were perceived to have changed in 2015 with the new process.

The overall finding suggested mixed views regarding whether outcomes are better or worse since the introduction of the new process. It was not discussed in depth whether this was

related to better Centres or whether it was now easier to achieve compliance. Some participants believed more outcomes to be achieving compliance with the new process in place. In contrast, some believed that items were failing now where they would have passed before.

ii. Action plans seen in the reports did not adhere to effective SMART criteria.

A group discussed that action plans in reports were not deemed to be clear and focused enough to drive improvement, as they were not deemed to be specific, measurable, assignable, realistic, or time bound.

3.2.2 I) Cost Consciousness

i. Difficulties with the concept of audit implementation.

Also identified under the JSF principle of cost consciousness, the process of auditing was noted again as a potential for unnecessary cost burden relating to time required to complete the audits. Guidance on the level of audit required to satisfy the process was noted as of benefit among multiple groups.

ii. Difficulties with the concept of training processes.

As also identified under the JSF principle of cost consciousness, multiple Approved Centres noted the preference for more clarity regarding training requirements for staff in all areas in order to satisfy the inspection process. Additionally, clarity was sought by multiple groups in relation to the requirement to have a local policy where there was a national overarching policy.

3.2.2 J) Formative Evaluation and Review

iii. The MHC evaluates its processes.

It was acknowledged in the focus groups that the MHC oversees the performance of the teams, and it was noted that the current feedback was being sought at an early stage in the process, which was appreciated.

Section 4: Discussion

Recommendations are described in this section, with consideration to the 10 Principles of Effective Regulation, and with reference to the findings of the review and analysis as displayed in Section 3. Results are noted from the surveys with regard to the percentage agreeing and disagreeing with relevant statements from the survey.

Note: The percentage agreement stated under the discussion is an amalgamation of the “agree” and “strongly agree” results for clarity of reporting purposes; the percentage related to those who selected “neither agree nor disagree” is not stated, but is available to be seen in the Section 3.2.

4.1 The Judgement Support Framework:

4.1.1 Rigour and Robustness

Feedback from the focus groups demonstrates that the JSF is viewed as a robust and rigorous process.

Positive feedback was noted in the majority of the focus groups regarding the introduction of the JSF, filling a gap that had been present in the past in terms of guidance for Centres. Focus groups welcomed the framework and noted that it was an improvement in comparison with previous inspections. They also noted the robustness of the JSF was limited to the regulation, which was not the fault of the JSF.

The focus groups considered that the JSF would be beneficial for patients/residents if used appropriately. In the regulatory review survey, 81% of survey respondents agreed that the JSF requirements benefited the residents/patients. 69% of survey respondents agreed that the JSF was sufficiently robust to improve the quality and the safety of the services provided to residents/patients.

4.1.2 Openness and Transparency of the JSF

Overall the findings of the review suggest that the focus groups had varied views regarding whether there was a shift towards improved openness and transparency resulting from the introduction of the JSF. The findings from the survey were predominantly positive while the focus group findings were mixed. The findings suggest improved openness before and during the inspections, compared to previous years.

In the survey, 73% of respondents agreed that the JSF provides a greater clarity into what is required to meet the regulation, rules and codes of practice; 62% of respondents agreed the JSF was easy to understand and interpret; and 61 % of respondents agreed that the JSF scoring system was easy to understand. However, a preference for more clarity of the scoring system was noted in comments.

4.1.3 Responsiveness

Overall the findings strongly suggest that the JSF positively fulfilled a need held by Approved Centres, in terms of information and guidance around the inspection process. In the regulatory review survey, 66% of respondents agreed that the JSF addressed a previous gap in information. One participant from the focus groups noted that when an Inspector went into the detail of the JSF in response to their query, it was a moment of great learning, and they (the participant) found it extremely useful. The focus groups also identified additional supports that would help them going forward – forums, conferences, advice, and direct support from the MHC.

4.1.4 Flexibility and Consistency

The overall findings suggested that while the JSF provided room for flexibility and creativity, this was not implemented in all inspections. 43% of questionnaire respondents agreed that the JSF gives the Approved Centres appropriate flexibility in its application. The focus group representatives perceived the JSF to be somewhat overly prescriptive for areas that may require creativity, though participants identified that Inspectors did still maintain their intuition. The focus groups overall did not perceive interpretation of the framework by Inspectors to be consistent.

4.1.5 Proportionality and Targeting

Information obtained from the focus groups and the questionnaire survey, strongly indicate that the weighting within the JSF is an area for possible improvement going forward. Only 54% of survey respondents agreed that the JSF scoring was appropriately balanced, with all sections of the guidance for compliance receiving the same weighting in the scoring process.

The associated comments in the questionnaire survey suggested there were topics that should have been given greater consideration in the JSF.

While the comments may not take the regulatory limitations of the JSF into account, the feedback is sufficiently detailed that it is worthy of consideration in any future development of the JSF and/or associated documents.

A preference for more focus on patient safety, care provision, the implementation of processes, safeguarding, and governance were highlighted across all the focus groups.

4.1.6 Accountability and Independence

The overall findings from the focus groups strongly indicate that the Approved Centres are committed to the implementation of the JSF. In addition, 82% of survey respondents agreed that the Approved Centres were committed to the implementation of the JSF.

4.1.7 Enforceability

Mixed views were discussed among focus group in relation to enforcement by the MHC; with both positive views and opportunities for improvement highlighted. While some groups agreed that the JSF was seen to promote enforcement, others noted a preference for greater enforcement to avoid repeated non-compliances by Approved Centres. Though views were mixed in the focus groups, the majority of respondents (76%) in the regulatory review survey agreed that the JSF was being utilised to assist the MHC inspection process and subsequent enforcement actions.

4.1.8 Improvement Focus

Overall the evidence suggests that the focus groups view the JSF to be driving improvement since its introduction.

The majority of survey respondents (73%) agreed that the JSF content drives improvement processes within the Approved Centres, with only 1% in disagreement. The feedback from the focus groups was predominantly positive, stating that the JSF is driving improvement.

4.1.9 Cost Consciousness

The findings clearly indicate a perception among Approved Centres that there has been an increase in cost to them since the introduction of the JSF. A minority (22%) of survey

respondents agreed that the requirements detailed within the JSF were cost neutral for Approved Centres, with 40% in disagreement.

The Approved Centres highlighted the area of training as a cost burden, with one participant highlighting that addressing every aspect in a year would be a big concern regarding time costs. Auditing was also highlighted as a time burden, as well as the confusion surrounding the appropriate care plan the MHC is seeking in Approved Centres. The desire for audit tools and care plan templates was highlighted when asked what additional supports would benefit Centres.

4.1.10 Formative Evaluation and Review

There were mixed views relating to the evaluation and monitoring of processes being driven by the JSF content, with the majority being positive.

Regarding understanding of the monitoring requirements within the JSF, only half (49%) of survey respondents in the regulatory review survey agreed that monitoring requirements detailed were sufficiently understood by staff within Approved Centres.

A gap in education around the JSF and new processes was highlighted as a barrier to understanding of the JSF. The focus groups noted a gap in consultation and communication with Approved Centres during initial development of the JSF.

4.2 The Inspection Process

4.2.1 Rigour and Robustness

Overall, participants from the survey and focus groups strongly agreed that the introduction of the new process for the inspections in 2015 had brought about a more robust and rigorous regulatory process than in previous years.

The focus groups welcomed the increase in time spent on site by Inspectors, the increase in the number of staff and patients involved in the process, and the improved opportunity to involve Inspectors in their day-to-day processes. They noted the Inspectors used a more thorough process to undertake the inspections. The focus groups also welcomed the interaction of Inspectors with frontline staff, and with patients.

While there was general consensus that there was an improvement with the new process, there were common concerns highlighted by the groups relating to certain aspects of the process and follow on from the process. While these may or may not directly impact the finding of improved overall robustness of the new process, they are important to consider. The issues identified were as follows:

On-site Inspection

- The time available on site was noted by external teams to be during daytime hours, which did not capture important elements of the service.
- Focus groups noted a decreased amount of time spent on site for inspections towards the end of the year, when they felt Inspectors were “running out of time” and under pressure. They noted this impacted their view of the consistency of the robustness of the new process.
- A minority of the groups felt they (Approved Centres) were overrated in terms of compliance, or that some issues were missed.

4.2.2 Openness and Transparency

The overall findings indicate that the introduction of the new inspection process in 2015 brought about improved openness and transparency, with a better understanding among Approved Centres of what was expected of them.

This finding was reinforced by the survey where 75% of the respondents agreed that they received sufficient information regarding the inspection process. 73% of respondents agreed that the compliance rating applied by the MHC during inspections was understood.

Feedback from the focus groups overall was mostly positive regarding improved openness and transparency, with the focus groups having noted improved openness during feedback meetings and throughout the inspections on site. Some Centres highlighted that involvement of the Centre's staff in the feedback meeting this year was improved and in addition, the Inspectors were more open at the feedback meetings. They noted this was the first year they perceived that feedback meetings took their comments on board. The overall findings indicated more transparency was seen in decision making in reports.

While the inspection process was described as overwhelmingly improved in 2015, some concerns were highlighted by the groups relating to certain aspects of the process and discrepancy between Inspectors.

- Some focus groups noted “surprises” in some reports, where the information contained in the report was different to what an Approved Centre had received in the feedback meeting.
- A concern was highlighted in focus groups regarding openness of the MHC, in that the Approved Centres could not contact the Assistant Inspector who carried out the inspection, which may act as a barrier to Approved Centres' understanding of the process and requirements.

4.2.3 Responsiveness

The overall findings indicate that there are opportunities for improvement regarding responsiveness to queries raised by the Approved Centres. Within the survey, only 53% of respondents agreed that the MHC is responsive to queries regarding the inspection process; only 35% agreed that the MHC was involved in supporting the Approved Centres outside of the inspection process; and only 45% of Approved Centres agreed it was clear who to contact within the MHC depending on the query.

4.2.4 Flexibility and Consistency

Overall the findings indicate that a gap exists in the consistency of the application of the on-site inspection, compliance rating, and development of reports. In addition, there is room for improvement with regard to improving adaptability of the inspection process, where such may be required.

This finding was reinforced in the outcomes of the survey, where 37% of respondents agreed that the MHC was adaptable in its approach to the inspection process and 43% of respondents agreed the MHC inspection process was consistently applied in a predictable fashion. A greater percentage, at 58% of respondents, agreed there was never any perceived bias by the MHC Inspectors during the inspection process.

4.2.5 Proportionality and Targeting

From the survey, 65% of respondents agreed that the MHC inspection process was correctly focused but the comments provided with this survey indicated that there were some areas lacking focus.

The focus groups noted on some occasions the Inspectors did not target or acknowledge issues such as low staffing as a risk, where the Approved Centres considered that they should have been. Focus groups noted that highlighting such issues might have helped their case to address the issues.

While more staff are now reported to be involved in the process in most Approved Centres, there was acknowledgement in the focus groups that the process remained nursing centred in many cases.

4.2.6 Accountability and Independence

No concern was expressed regarding the independence of the MHC in focus groups or the survey, with 79% of respondents agreeing that the MHC is sufficiently independent.

74% of respondents in the survey did agree that sufficient information was provided to Approved Centres regarding how the MHC reached its findings in the inspection report. Unfortunately, despite the positive finding, the related comments stated that there was a lack of clarity regarding how decisions were made as part of the inspection process.

A gap in accountability of Inspectors was also highlighted in one focus group relating to a lack of involvement of the Inspectors in the development and follow through of CAPAs.

An additional issue – under accountability and independence – which was not highlighted in the focus groups but which emerged in the survey was that many Approved Centre respondents were not aware of how to make a complaint.

4.2.7 Enforceability

Feedback from the focus groups indicated that the predominant perception was a lack of effective use of the MHC's enforcement powers to drive improvement. A lack of enforcement was also noted in the questionnaire survey comments.

This finding was reinforced by the regulatory review survey in relation to enforcement, whereby only 44% agreed the MHC worked alongside Approved Centres in relation to enforcement. However, it must be noted that many did not equate the requirements for corrective and preventive actions as an enforcement method in its own right.

4.2.8 Improvement Focus

78% of respondents agreed that quality improvement by the Approved Centres was a specific focus of the MHC inspection process. This was reinforced by the predominant feedback from focus groups.

4.2.9 Cost Consciousness

The findings suggest that the introduction of the new inspection process in 2015 resulted in increased costs for Approved Centres, either directly, or via increased time burden.

This finding was reinforced by the regulatory review survey, where only 30% of survey respondents agreed that the MHC was mindful of the costs involved in service provision under the current inspection process.

The items which repeatedly came up under the area of cost were a lack of templates to guide processes identified in the JSF (e.g. care planning), audit requirements, policy development, and training requirements. It was reinforced across all groups that there was a preference for further guidance in relation to the level of audit and training required in some areas, due to the current perception of time burden.

4.2.10 Formative Evaluation and Review

The overall findings relating to evaluation and review of the process suggest that focus groups are mostly satisfied that the MHC is overseeing the evaluation and review of the process. This finding was also reiterated in the regulatory review survey where 67% of survey respondents agreed the MHC is working to improve its inspection process.

The focus groups held the opinion that there was an overly fast roll out of the new inspection process. It was noted that the roll out of the new regulatory process was quick and there was a preference for ongoing evaluation both qualitative and quantitative going forward.

There was recognition across all groups of the current regulatory review process as an evaluation completed in the early stages of the new inspection process.

Section 5: Conclusion and Recommendations

The findings of the inspection process, and Judgement Support Framework review, provide a wealth of insight into the functioning and implementation of the new inspection processes. The findings across the Key Principles of Regulation indicated that the new inspection process was overall, welcomed and embraced by stakeholders – providing an improved framework for the implementation of the regulations.

Alongside the improvements seen with the new processes, the overall feedback strongly indicates that the Judgement Support Framework (JSF) was welcomed positively among the Approved Centres. The JSF was described as fulfilling a noted gap and providing more clarity and guidance to Approved Centres around the regulatory processes, and how the Approved Centres can drive their improvement internally. The majority of participants agreed that the introduction of the new process and the JSF had brought about a more robust and rigorous regulatory process than was seen in previous inspections. Approved Centres highlighted their commitment to fulfilling the requirement of the JSF.

Alongside the positive findings, there were also several opportunities for improvement identified. Of the issues raised, some related to consistency of the inspection process over time and between Centres; transparency of findings in reports; and consistency in report development. Consistency of application of the rating scale by individual Inspectors was an issue that was raised by all groups in relation to the use of the JSF, and was identified as a priority area for the future. A lack of availability of support and direct contact with a dedicated Inspector from the MHC was also highlighted as a concern. Management of the additional time and cost burden to the Approved Centres was another issue identified consistently across all focus groups and surveys. Relating to the process, another issue that arose was a perceived lack of evidence of appropriate follow through and enforcement.

The outcomes of the regulatory process review provide an important opportunity for the Commission to address the issues that were highlighted, and to embrace the drive for improvement both internally and externally. While it is notable that some findings may relate to a lack of full understating of the JSF and/or the new processes by groups, it is important to note the impact that such a lack of understanding could then have (in terms of the overall view of the MHC processes and reputation). All of the findings of this report should be individually considered by the Commission and actioned in a timely manner in order to address the current gaps identified. Actioning the findings effectively may promote a positive impact on the ongoing interaction with the Approved Centres.

Key Recommendations

The key recommendations for consideration as a result of the review process include:

Judgement Support Framework

- a) Address the perceived gap in consistency of use, and interpretation, of the requirements of the regulations and related Judgement Support Framework. (*Rigour and Robustness; Flexibility and Consistency*)
- b) Address the perceived gap in consistency in application of the scoring methods and outcomes between Centres and over time. (*Openness and Transparency; Flexibility and Consistency; Rigour and Robustness*)
- c) Ongoing education, and guidance, to Approved Centres to promote better understanding of the JSF and the new processes. (*Openness and Transparency; Responsiveness*)
- d) Review weighting of the JSF to determine if there are some elements that should be weighted more than others. (*Proportionality and Targeting*)
- e) Review the JSF risk management requirements to ensure the correct focusing of requirements. (*Proportionality and Targeting; Rigour and Robustness*)
- f) Provide clarity on the requirements for care planning and training and audit against each regulation, within the Judgement Support Framework. (*Cost Consciousness*)

Inspection Process

- g) Review the process for scheduling inspections to ensure a consistent allocation of time and Inspectors for all Approved Centres, throughout the year. (*Rigour and Robustness*)
- h) Review the timing of Inspections to include attendance at the Approved Centres for morning handover/ nighttime attendance. (*Rigour and Robustness*)
- i) Identify a clear point of contact, within the MHC, to manage queries from Approved Centres. (*Responsiveness*)
- j) Address the perceived gap in consistency of use, and interpretation, of enforcement processes including corrective and preventive actions. (*Proportionality and Targeting; Accountability and Independence; Enforceability*)
- k) Address the perceived gap in consistency of implementation of the process for addressing a serious incident identified during an inspection (*Responsiveness*)

- l) Ongoing internal review and audit of the consistency and effectiveness of the MHC regulatory process over time – including continued involvement of focus groups (*Openness and Transparency; Formative Evaluation and Review*)
- m) Ongoing internal development regarding all elements of the approved inspection process. (*Rigour and Robustness; Flexibility and Consistency; Openness and Transparency; Accountability and Independence*)

Section 6: Appendices