


NF07* Form DCSC	Health Information and Quality Authority Designated Centre – Special Care Unit (DCSC) Investigation of misconduct [†] by the registered provider, person in charge or member of staff	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cálíocht Sláinte</small>
--	---	---

Section 1. Centre details		For official use
Centre name		<input type="checkbox"/>
Centre ID (OSV)		<input type="checkbox"/>
Unit or ward name (if applicable)		<input type="checkbox"/>

Section 2. Allegation of misconduct			For official use
Date of alleged misconduct		Date allegation reported	<input type="checkbox"/>
Who is the person that reported the allegation of misconduct?	Resident <input type="checkbox"/> Nursing staff <input type="checkbox"/> Care staff <input type="checkbox"/> Administrative staff <input type="checkbox"/> Visiting professional <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/>		<input type="checkbox"/>

* Please complete this form with HIQA's statutory notification guidance. You can download the guidance at www.hiqa.ie

[†] As defined in HIQA's statutory notification guidance

Section 2. Allegation of misconduct			For official use
If you have ticked other , please provide details:			<input type="checkbox"/>
Who has the allegation of misconduct been made against?	Registered provider	<input type="checkbox"/>	<input type="checkbox"/>
	Staff member or staff members	<input type="checkbox"/>	
	Person in charge	<input type="checkbox"/>	
If a staff member or staff members, what is their role or roles at the designated centre?			<input type="checkbox"/>
Is there an An Garda Síochána vetting report on file for the staff member or staff members?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Is the staff member or staff members currently reporting for duty ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

Section 3. Details of the alleged misconduct		For official use
Please provide details of the alleged misconduct:		<input type="checkbox"/>

Section 3. Details of the alleged misconduct	For official use
<p>What immediate actions have you have taken?</p>	<input type="checkbox"/>
<p>Please provide an outline of the internal investigation and actions taken with the person or persons the allegation has been made against:</p>	<input type="checkbox"/>
<p>Please state the measures you have taken to ensure that all residents[‡] are safe?</p>	<input type="checkbox"/>

[‡] Please note you are required to notify HIQA of any alleged abuse of a resident via an NF06 or any serious injury to a resident via an NF03.

Section 3. Details of the alleged misconduct

For
official
use

Please include any **additional information** applicable to this notification:

Section 4. Follow up documentation

If requested please submit a copy of the outcome of the investigation with the status of actions or recommendations to the Office of the Chief Inspector within **20 days** of the request.

Section 5. Declaration		For official use
I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.		
Name (print)		<input type="checkbox"/>
Position	Person in charge <input type="checkbox"/>	<input type="checkbox"/>
	Authorised signatory for and on behalf of the registered provider <input type="checkbox"/>	<input type="checkbox"/>
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

This form should be either:

- **emailed** to: notify@hiqa.ie or,
- **posted** to: Notifications Team, Regulatory Support Services, Health Information and Quality Authority, Dublin Regional Office, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y.

Telephone no: (01) 814 7400

Email: notify@hiqa.ie