



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation of
Health and Social
Care Services

Monitoring notifications handbook

Guidance for registered providers and persons in charge of
designated centres for persons children and adults with
disabilities

Effective February 2018

Safer Better Care

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About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation** — Registering and inspecting designated centres.
- **Monitoring Children's Services** — Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality** — Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** — Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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Section 1: Monitoring notifications

What are monitoring notifications?

The person in charge of a designated centre for persons with disabilities must notify the Office of the Chief Inspector of the occurrence of certain events in the centre. The Office of the Chief Inspector refers to these as **monitoring notifications**.

The duties of the person in charge and the registered provider in relation to these monitoring notifications are set out in the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 as amended, specifically in Regulation 31. In this guidance document, whenever we say 'the regulations', we are referring to this set of regulations.

There are three types of monitoring notifications:

- three-day monitoring notifications
- quarterly monitoring notifications, and
- six-monthly nil returns.

Three-day monitoring notifications: The person in charge must notify the Office of the Chief Inspector when any of the ten types of event set out in Regulation 31(1) occur in the centre. Notifications must be submitted to the Office of the Chief Inspector in writing within **three working days** of the event occurring.

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- The **ten events** are
- The unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre
 - An outbreak of any notifiable disease as identified and published by the Health Protection Surveillance Centre
 - Any serious injury to a resident that requires immediate medical or hospital treatment
 - Any unexplained absence of a resident from the designated centre
 - Any allegation, suspected or confirmed, of abuse of any resident
 - Any allegation of misconduct by the registered provider or by staff
 - Any occasion where the registered provider becomes aware that a member of staff is the subject of review by a professional body
 - Any fire
 - Any loss of power, heating or water
 - Any incident where an unplanned evacuation of the centre took place

Each event is discussed in detail in Section 2 and is summarised in Table 1. Where an incident is especially urgent or serious, the person in charge may wish to let the Office of the Chief Inspector know of its occurrence immediately by phone on (021) 240 9646 or by email to notify@higa.ie, and confirm its occurrence in writing within three working days.

When the person in charge notifies the Office of the Chief Inspector of an unexpected death of a resident they must provide the cause of death in writing as soon as it has been established. This is required by the regulations. This may not always be possible; however, every effort should be made to seek confirmation of the cause of death.

Quarterly monitoring notifications: The person in charge must notify the Office of the Chief Inspector in writing of the occurrence of the events set out in Regulation 31(3) on a quarterly basis.

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The **five** events are:

- Any occasion where a restrictive procedure including physical, chemical or environmental restraint was used.
- Any occasion when the fire alarm equipment was operated other than for the purpose of a fire practice, drill or test of equipment.
- Any recurring pattern of theft or burglary.
- Any injury to a resident that did not require notification within three working days (i.e. not 'serious injury').
- Any death of a resident, including cause of death, that did not require notification within three working days (i.e. not 'unexpected').

Each event is discussed in detail in Section 3 and is summarised in Table 1.

Notifications of events that occur are required to be submitted on the following dates:

- quarter 1 on 30 April
- quarter 2 on 31 July
- quarter 3 on 31 October
- quarter 4 on 31 January of the following year.

Six-monthly nil returns: The **provider** must notify the Office of the Chief Inspector in writing on a six-monthly basis where there has been **no occurrence** of the events specified as requiring notification, (a) within three working days, and (b) quarterly notification, in the preceding six months. Submission dates for return of the nil return of quarterly and or the three-day notification form are:

- 31 July (covering the period January to June)
- 31 January (covering the period July to December)

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If you have sent the Office of the Chief Inspector any three-day monitoring notifications or quarterly monitoring notifications during the six-month period, the registered provider is not required to make this return.

Submitting monitoring notifications

An online portal has been developed for ease of submitting notifications. Use of the HIQA Portal has many benefits such as:

- easy-to-navigate online forms
- acknowledge of receipt of notifications, including the reference ID
- availability of submitted forms for future reference.

Should you choose not to use the portal the forms can be down from the HIQA website. The standard forms request the information required by the Regulations. They also request some additional details that will help the inspector to understand exactly what has happened and how it was responded to. Table 1 lists the form name and form ID for each of the different types of notification events.

How to submit a monitoring notification

Three-day monitoring notifications can be submitted:

1. Via the HIQA Portal
2. By email to notify@hiqa.ie
3. By post to **Information Handling Centre**, Health Information and Quality Authority, Dublin Regional Office, George's Court, George's Lane, Smithfield, Dublin 7.

Quarterly monitoring notifications and **six-monthly nil returns** can be submitted:

1. Via the Provider Portal
2. By email to dcd@hiqa.ie
3. By post to **DCD Regulatory Support Team**, Health Information and Quality Authority, Dublin Regional Office, George's Court, George's Lane, Smithfield, Dublin 7.
4. Dublin 7.

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Monitoring notifications submitted by email or post will take longer to process than those submitted via the HIQA Portal. The different email and postal addresses for three-day monitoring notifications and quarterly monitoring notifications and nil returns are listed above.

What happens to the submitted monitoring notification?

In general, the inspector will review the information and will risk assess it. The inspector may contact you if you have not provided all the information required by the regulations, or if they need additional information.

After the information has been risk assessed, the inspector will decide on an appropriate response. These regulatory responses may include:

1. Closing the notification and retaining it for information.
2. Requesting further or follow-up information.
3. Requesting a compliance plan update.
4. Requesting a provider assurance report.
5. Referring the information to an appropriate agency.
6. Carrying out an inspection of the service.

The information submitted as part of the notification on the response of the registered provider or person in charge to the specific event should assure the Office of the Chief Inspector that any risk to the quality and safety of care and support has been or is being addressed.

When and how to submit follow-up information?

While follow-up information is normally only required when the inspector specifically requests it, there is one exception to this:

- where there has been an unexpected death of a resident, the regulations require the cause of death to be submitted once it has been established.

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A notification submitted using the HIQA Portal is assigned a **notification reference number** in the format NOT-XXXXX. You should quote this reference if you need to supply follow-up or additional information. The reference number of past notifications can be found in the section of the HIQA Portal labelled 'notification history'.

If a notification is submitted by email or through the post, a reference number may not be issued; however, one is generated internally.

If the **notification reference number** is not known, see the box below for the information to be provided. This will allow the Office of the Chief Inspector to locate the original notification that the information relates to.

Before submitting follow up information, check that you have included: the notification reference number. If the notification reference number is unknown, please submit the following information:

- your centre ID (also called ORG SERVICE ID)
- your centre name
- the notification type of the original notification (e.g. NF01, NF02, NF09, NF39A)
- the date you first submitted your notification of the event.

Follow-up information and data protection

The Office of the Chief Inspector will not request the name of any resident in notification forms. Therefore, when submitting information or follow-up documents, make sure the name of the person or persons involved in the event are removed. This is to protect their privacy. This is particularly important when sending outcomes of investigations or sensitive or confidential information requested by the inspector.

Maintaining a record of notifications submitted?

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The regulations¹ require the registered provider to keep a copy of every notification submitted to the Office of the Chief Inspector for a period of not less than **seven years** from the date of notification. Inspector may ask to see these as part of an inspection. Every notification submitted through the HIQA Portal is available in the Portal's 'notification history' section. This record fulfills the requirement of the regulation. If the HIQA Portal is not used you must have arrangements in place to ensure that you retain a copy of all notifications submitted to Office of the Chief Inspector by email or by post.

A video tutorial on accessing the notification history in the HIQA Portal is available on HIQA's website in the resource centre section.

Does notification to the Office of the Chief Inspector affect the registered providers or person in charges' obligation to notify other bodies?

Notifications to HIQA have no impact on any obligation the registered provider or person in charge may have (under statute or otherwise) to report the incident to other bodies such as the Coroner, the Health Service Executive (HSE), the Child and Family Agency (Tusla), An Garda Síochána, or, professional bodies such as the Nursing and Midwifery Board of Ireland or CORU, Ireland's multi-profession health regulatory..

What are the consequences of failure to notify?

Failure to comply with the regulations will be reported in the compliance plan following an inspection. It may also constitute an offence under the Health Act 2007 as amended.

How to use the HIQA Portal?

There are a number of resources on HIQA's website to guide new and existing users of the HIQA Portal. They include a user's guide and video tutorials. These can be accessed through the resource centre [on HIQA's website](#).

¹ Regulation 21

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A designated helpdesk for portal users can be accessed by emailing portalsupport@hiqa.ie.

Portal users whose accounts are locked should email portalsupport@hiqa.ie.

How to submit a notification by email?

The HIQA Portal is the most efficient way to submit a notification. If for any reason the portal is unavailable, notifications can be submitted by email. All notification forms are available in the resource centre.

As the forms are available in editable PDF format, Adobe Acrobat Reader software is required to access them.

Three-day monitoring notifications should be sent to notify@hiqa.ie, while quarterly monitoring notifications and six-monthly nil returns should be sent to dcd@hiqa.ie.

Notification forms may be changed from time to time. The HIQA Portal and the resource centre will always have the current version of the notification forms. Please do not use older, obsolete versions of forms.

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Table 1: Monitoring notifications — summary details

Monitoring notifications		
Three-day monitoring notifications		
Form	Event	Further information
NF01	The unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre	<p>Person responsible for notifying: person in charge of the centre</p> <p>Timeframe: within three working days of the occurrence of the event</p> <p>Follow-up information: as requested by your inspector, except for NF01, where the cause of death must be submitted.</p>
NF02	An outbreak of any notifiable disease as identified and published by the Health Protection Surveillance Centre	
NF03	Any serious injury to a resident that requires immediate medical or hospital treatment	
NF05	Any unexplained absence of a resident from the designated centre	
NF06	Any allegation, suspected or confirmed, of abuse of any resident	
NF07	Any allegation of misconduct by the registered provider or by staff	
NF08	Any occasion where the registered provider becomes aware that a member of staff is the subject of review by a professional body	
NF09	Any fire Any loss of power, heating or water Any incident where an unplanned evacuation of the centre took place	
NF09		
Quarterly monitoring notifications		
Form	Event	Further information
NF39A	Any occasion where a restrictive procedure including physical, chemical or environmental restraint was used	<p>Person responsible for notifying: person in charge of the centre</p> <p>Timeframe: events that took place in</p> <p>Q1 should be notified on 30 April</p> <p>Q2 should be notified on 31 July</p> <p>Q3 should be notified on 31 October</p> <p>Q4 should be notified on 31 January of the next calendar year.</p> <p>Follow up information: as requested by the inspector.</p>
NF39B	Any occasion where the fire alarm equipment was operated other than for the purpose of a fire practice, drill or test of equipment.	
NF39C	Any recurring pattern of theft or burglary.	
NF39D	Any injury to a resident not required notification within three working days (i.e. not serious requiring immediate medical or hospital treatment).	
NF39E	Any death of a resident, including cause of death, other than those that required notification within three working days (i.e. not 'unexpected').	

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Six-monthly nil return		
NF40	Six-monthly nil return for events that require notification within three days or on a quarterly basis.	Person responsible for notifying: registered provider Timeframe: where no event requiring a three-day notification (NF01 – NF09) or notification on a quarterly basis (NF39A-E) occurred in the preceding 6 months: <ul style="list-style-type: none"> • 31 July (covering the period January to June) • 31 January (covering the period July to December).

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Section 2. Three-day monitoring notifications

Information common across three-day monitoring notifications

i. Centre details

The start of each form required the centre details, including the centre name and the Centre ID (OSV). Notifications submitted through the HIQA Portal will have the centre name and Centre ID (OSV) pre-populated.

ii. Resident details and the use of unique identifiers

Where the event being notified involves a resident, a unique identifier should be used rather than the resident's name. This is to ensure the resident's privacy is protected and complies with data protection. The identifier should be a number and it should not be possible to identify the resident from the number used; therefore, do not use the resident's date of birth, admission date, room number or National Intellectual Disability Database personal identification number NIDD².

When a resident is assigned a number, a record of the number and the resident to whom it relates must be kept. **The identifier for a resident should be unique to them and used in all future notifications.** This number should **not** be used for any other resident. A method of validating the unique identifier should be kept securely in the centre and be available to an inspector if requested. This could be as simple as keeping a list of each resident and the unique identifier assigned to them.

iii. Staff member details

Where the event being notified involves a member of staff, the staff member's role and not their name should be used.

iv. Providing additional information applicable to the notification

Many of the forms request 'any additional information applicable to this notification'. As a general rule, when completing the forms, try to provide as much detail as possible.

The information should be **factual, objective and accurate.**

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v. Completing the declaration section

At the end of each form there is a declaration section. Completing this section indicates that the information provided is correct to the best knowledge of the person submitting the notification.

If completing the PDF version of the form, the name of the person submitting the notification should be typed in the signature field.

The person in charge is responsible for notifying the Office of the Chief Inspector of the events set out in the regulations. If someone other than the person in charge completes the notification form, they must do so with the full knowledge and delegation of the person in charge.

vi. Before you submit the completed form — whether using the HIQA Portal or email

Before submitting the form check that it is clear from the information contained:

- what exactly has occurred
- what actions were taken or are proposed in response to the incident
- what actions were taken to address any concerns around the safety and wellbeing of the residents arising from the incident,
- Please ensure that the names of residents and staff involved in the incident have not been mentioned.

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NF01 The unexpected death of any resident

You must notify the Office of the Chief Inspector of the unexpected death of a resident, including the death of a resident following transfer to hospital from the designated centre.

What is an unexpected death?

The regulations do not define an 'unexpected death'. However, the Chief Inspector has offered this definition to assist in making this notification. An unexpected death is one that was not anticipated or occurred earlier than expected.

What if the cause of death is not yet known?

In some cases, the cause of death may not be established at the time the notification is made. It can be several months before the cause of death is established in some cases. The Office of the Chief Inspector acknowledges that this is often outside the control of the person in charge. The regulations require that the Chief Inspector is provided with the cause of death **in writing** when it has been established. This can be done by emailing notify@hiqa.ie. As outlined in Section 1, this email should quote the reference number of the original notification.

Completing the form

The form should be completed in full, and the information provided should be clear and accurate.

NF02 Any outbreak of any notifiable disease

The Office of the Chief Inspector must be notified of the outbreak of any notifiable disease.

What are notifiable diseases?

Notifiable diseases are those diseases identified and published by the Health Protection Surveillance Centre (www.hpsc.ie) and include *Clostridium Difficile* infection, norovirus infection, Meticillin-Resistant *Staphylococcus aureus* (MRSA), influenza and hepatitis.

What is an outbreak?

The Health Protection Surveillance Centre provides the following definition of an

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'outbreak':

"an outbreak of infection or food-borne illness may be defined as two or more linked cases of the same illness or the situation where the observed number of cases exceeds the expected number, or a single case of disease caused by a significant pathogen, for example diphtheria or viral hemorrhagic fever."³

What if a diagnosed cause has not yet been determined?

In some situations, the diagnosed cause of the outbreak may not be confirmed at the time of the notification. Where this is the case, state the suspected diagnosis and provide the confirmed diagnosis by email when it becomes available. If a follow-up email with the confirmed diagnosis is required, it should quote the notification reference number to allow the Office of the Chief Inspector to locate the original incident (see Section 1).

What if the situation deteriorates after notifying the Office of the Chief Inspector?

If the situation deteriorates and more people become infected after making the notification, a follow-up email should be sent, quoting the original notification reference number to allow the Office of the Chief Inspector to locate the original incident (see Section 1).

Completing the form

The form should be completed in full, and the information provided should be clear and accurate.

³ Page 106, *Case Definitions for Notifiable Diseases* (2012 Version 1.3)(HPSC) available at <http://www.hpsc.ie/NotifiableDiseases/CaseDefinitions/File,823,en.pdf> (accessed October 2017)

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NF03 Any serious injury to a resident that requires immediate medical or hospital treatment

What is a serious injury?

The term 'serious injury' is not defined in the regulations. The Chief Inspector has provided the following guidance:

“any bodily injury that involves a substantial risk of death, unconsciousness, extreme physical pain, protracted and obvious disfigurement, serious impairment of health or serious loss or impairment of the function of any bodily organ e.g. fracture, burn, sprain/strain, vital organ trauma, a cut or bite resulting in an open wound, concussion, etc.”.

The term 'serious injury' does not include minor injuries for which first aid is sufficient, or minor injuries reviewed by a general practitioner (GP) which do not require further treatment.

What if the situation deteriorates?

If the resident's condition deteriorates after submitting the notification, a follow-up email should be sent, quoting the reference number of the initial notification (see Section 1). A new NF03 form is not required.

Completing the form

The form should be completed in full, and the information provided should be clear and accurate.

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NF05 Any unexplained absence of a resident from the designated centre

What is an unexplained absence?

The regulations do not define the term 'unexplained absence'. The Chief Inspector has given the following guidance:

“an unexplained absence has occurred when a resident has been found to be missing from a centre without the staff’s knowledge of his or her whereabouts”.

Completing the form

The form should be completed in full, and the information provided should be clear and accurate.

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NF06 Any allegation, suspected or confirmed, of abuse of any resident

What is abuse?

The regulations define abuse as follows:

“abuse’ means mistreatment of any kind and includes the physical, financial or material, psychological, sexual or discriminatory mistreatment or neglect of a resident”.

What if the allegation has not been confirmed?

Any suspected or confirmed allegations of abuse must be notified to the Office of the Chief Inspector.

How does this requirement apply to situations where a resident’s wellbeing is impacted by the actions or behaviours of another resident?

The centre’s policies and procedures should guide staff when deciding whether a resident’s actions or behaviours constitute abuse of another resident. These policies and procedures should reflect national guidance and best practice.

As a general rule, it is not necessary to notify the Office of the Chief Inspector of residents’ behaviour that challenges unless it impacts **to such an extent** on another resident or residents that it **falls clearly** within the (above) definition of abuse.

Notifying allegations of abuse, suspected or confirmed, that occurred in the past

The Office of the Chief Inspector should be notified within three working days of the allegation becoming known. It may not be possible to investigate the allegation, for example, where it relates to a case of historical abuse or in matters of a criminal nature; however, the Office of the Chief Inspector should be notified nonetheless.

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If there is an allegation of abuse about a member of staff, should two forms be completed?

Where there is an allegation of abuse of a resident by a member of staff or the registered provider, the Chief Inspector should be notified using the NF06 form. Where there is an allegation of **other misconduct** by a member of staff or the registered provider, the Chief Inspector should be notified using the NF07 form.

Residential services for children with disabilities and mixed residential services for children and adults with disabilities

Where there has been an incident, allegation or suspicion of abuse or neglect in relation to a **child**, the Children First Act 2015 and the revised *Children First: National Guidance for the Protection and Welfare of Children* (2017) apply. The Child and Family Agency (Tusla) has extensive resources available on its website to help you to implement Children First in your service⁴.

Completing the form

The form should be completed in full, and the information provided should be clear and accurate.

⁴ <http://www.tusla.ie/services/child-protection-welfare/children-first-2017> Downloaded 10/11/2017

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NF07 Allegation of misconduct by the registered provider or by a member of staff

Who is a registered provider or member of staff?

The registered provider is the person whose name is entered in the register as the person carrying on the business of the designated centre. The regulations define staff as “persons employed by the registered provider”, including **“persons placed in employment with the registered provider by an employment agency used by that registered provider”**. This does not include “persons who provide professional services to the designated centre and to whom the registered provider pays fees for such services, or volunteers.”

What is misconduct?

The regulations do not define misconduct. The Chief Inspector has given the following guidance:

“for professionally registered staff such as nurses and social workers, misconduct is generally considered to be a failure to adhere to proper standards of conduct, performance and ethics (as laid down by the relevant registration body e.g. An Bord Altranais (Nursing and Midwifery Board) or CORU)”.

Misconduct should be considered in terms of the staff member’s job description, the centre’s operational policies and procedures, any code of conduct expected of employees and other professional codes of practice. Any breaches of such codes that require disciplinary action by management should be notified to the Office of the Chief Inspector.

For the registered provider (or provider entity), an example of misconduct may be where the provider (or provider entity) is convicted of an offence or where there is an allegation of financial misappropriation.

What if the allegation of misconduct has not been confirmed?

The Office of the Chief Inspector should be notified within three working days of an allegation of misconduct.

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Are details on residents or staff requested in the form?

The form asks whether the allegation of misconduct relates to the registered provider or to a staff member. Where the allegation relates to a staff member, please indicate the role of the staff member, whether the centre has a Garda vetting report for them, and, whether they are currently reporting for duty. The name of the staff member is not requested.

Completing the form

The form should be completed in full, and the information provided should be clear and accurate.

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NF08 Any occasion where the registered provider became aware that a member of staff is the subject of review by a professional body

Who is a member of staff?

The registered provider is the person whose name is entered in the register as the person carrying on the business of the designated centre. The regulations define staff as “persons employed by the registered provider”, including “**persons placed in employment with the registered provider by an employment agency** used by that registered provider”. This does not include “persons who provide professional services to the designated centre and to whom the registered provider pays fees for such services, or volunteers.”

What is a professional body?

A professional body is an organisation formed to promote the interests of a profession and the public interest. The main professional bodies relevant to staff in designated centres are:

- The Nursing and Midwifery Board of Ireland, and
- Ireland’s multi-profession health regulator (CORU)

Should the notification be submitted where the person has left employment before the hearing?

If the person was a member of staff when the provider became aware of the review, the Office of the Chief Inspector should be notified.

Completing the form

The form should be completed in full, and the information provided should be clear and accurate.

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NF09 Any fire, any loss of power, heating or water; or any incident where an unplanned evacuation of the designated centre took place

What constitutes a 'loss of power, heating or water' in the designated centre?

A single occurrence of loss of power, heating or water lasting longer than 30 minutes, or two or more instances, each lasting less than 30 minutes occurring in any 24 hour period, constitutes a 'loss of power, heating or water' for the purpose of notification.

The Office of the Chief Inspector should be notified within three working days:

- if there was a fire in the centre
- if there was an unplanned evacuation of the centre in response to the activation of fire alarm equipment
- if there was an unplanned evacuation of the centre for any other reason.

Planned fire alarm activations and planned evacuations for the purpose of fire practice, drill or test of equipment do not require notification. Other occasions where a fire alarm is activated should be notified on a quarterly basis (see Section 3).

Completing the form

- The form should be completed in full, and the information provided should be clear and accurate.

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Section 3. Quarterly monitoring notifications (NF39A –NF39E)

Quarterly notification forms

For designated centres for persons with disabilities, there are five types of events that, if they occur, must be notified to the Office of the Chief Inspector at the end of the quarter. A standard form for each type of event has been developed. The form should be completed when one or more events of that type occurred during that quarter. If no event of that type occurred during that quarter, an NF39C form does not have to be submitted. Each standard form allows for the notification of a number of events of that type, for example if there have been five injuries to residents in the centre during the quarter, they can all be reported using one NF39D form. If a greater number of occurrences need to be reported than the form accommodates, more than one form of that type can be submitted.

The list of standard forms to support quarterly returns are as follows:

- **NF39A** Any occasion where a restrictive procedure including physical, chemical or environmental restraint was used
- **NF39B** Any occasion where the fire alarm equipment was operated other than for the purpose of a fire practice, drill or test of equipment
- **NF39C** Any recurring pattern of theft or burglary in the designated centre
- **NF39D** Any injury to a resident that did not require notification within three working days (that is to say, not serious and requiring immediate medical or hospital treatment)
- **NF39E** Any death of a resident, other than those that required notification within three working days (that is to say, not 'unexpected'). Please also provide the cause of death.

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NF39A Any occasion where a restrictive procedure including physical, chemical or environmental restraint was used

What is a restrictive procedure?

The regulations define restrictive procedure as “the intentional restriction of a person’s voluntary movement or behaviour”. The regulations set out requirements in relation to the use of restrictive procedures and the role of consent where it is used as a therapeutic intervention. Where it is used as a response to challenging behaviour, every effort must be made to identify and alleviate the cause of the challenging behaviour and alternative measures must be considered before it is used. Restrictive procedures should only be used for the shortest duration necessary.

Regulation 7 (4) states that “the registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice”.

Are bedrails and lap belts always considered a physical restraint?

The Chief Inspector provides the following clarification on the classification of bedrails and lap belts as restraint: “Where a resident can safely release themselves from a bedrail of their own volition in order to get in or out of bed, or can safely free themselves from a lap belt of their own volition, then the use of a bed rail or lap belt in this context does not need to be reported to the Chief Inspector as an occasion when restraint was used”.

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What details are requested in the form?

The form allows you to return details on the use of up to eight types of restrictive procedure.

For each type of restrictive procedure used during the quarter, please:

- classify the restrictive procedure from a list of options: environmental restraint (door lock, seclusion, window or other), physical restraint (bed bumpers, bedrails, chair, lap belt or other), chemical restraint or other restrictive procedure
- specify the number of residents that the type of restrictive procedure has been applied to during the quarter
- detail the frequency of use
- provide any other relevant comments.

Depending on the restrictive procedure used, 'any other comments' could be used to provide a description of the procedure, how it was used, how long it was used for, or the inspector should be aware of. For example, if during the quarter, three residents in the centre had bedrails in place which they could not easily release, the form could be completed as follows:

Classification of the restrictive procedure: "physical restraint – bed rails"

The number of residents the restrictive procedure was applied to: 3

The frequency of use: daily, or, used in ... circumstances, or used on ... occasions where...

Any other comments: may give more details of occasions where used, or, details of how the restrictive procedure was used.

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NF39B Any occasion of fire alarm activation

The Office of the Chief Inspector must be notified at the end of the quarter of any occasion of fire alarm equipment activation (other than for the purpose of fire practice, drill or test of equipment) during the quarter.

Fire practices, drills or test of equipment do not need to be notified to us. However, these records may be reviewed as part of your inspection.

Completing the form

The form allows for details of a **maximum of five occasions** of fire alarm activation.

For each occasion, please :

- specify the date the alarm was activated
- select the reason the alarm was activated from a drop-down list of options
- provide details of the occurrence.

NF39C Any recurring pattern of theft or burglary

What is a recurring pattern of theft or burglary?

For the purpose of this notification 'recurring' is defined as **two or more** occasions of theft or burglary in the quarter.

Completing the form

The form allows for details of a **maximum of seven occasions** of theft or burglary.

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For each occasion, please:

- specify the date the theft or burglary was discovered
- select the type of injured party from a drop-down list of options
- select the type of item stolen from a drop-down list of options
- provide details of the occurrence
- provide details of the actions taken in response to the occurrence.

NF39D Any injury to a resident not required notification within three working days

What injuries must be notified?

Any injury to a resident that took place during the quarter that has not already been notified to the Office of the Chief Inspector within three working days (under the NF03 process for 'serious injury' – detailed in Section 2).

Completing the form

The form allows for details of a **maximum of ten injuries** during the quarter.

For each injury, please:

- provide the resident's unique identifier
- specify the type of injury
- specify the date of injury
- provide any other relevant details.

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NF39E Any death of a resident that did not require notification within three working days

What deaths must be notified?

Any death of a resident that took place during the quarter that has not already been notified to the Office of the Chief Inspector within three working days of the death (under the NF01 process for 'unexpected death' – detailed in Section 2).

Completing the form

The form allows for details of a **maximum of ten deaths** during the quarter.

For each death, please:

- provide the deceased resident's unique identifier
- specify the cause of death
- specify the date of death
- provide any other relevant details.

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Section 4. Six-monthly nil return

The **provider** must notify the Office of the Chief Inspector in writing on a six-monthly basis where:

1. There has been **no occurrence** of any events specified as requiring notification within three working days, and
2. there has been **no occurrence** of any events specified as requiring notification on a quarterly basis⁵.

The two submission dates for six-monthly nil returns are:

- **31 July** (covering the period January to June)
- **31 January** (covering the period July to December).

There is a standard form to support making this return. It is the **NF40** Six-monthly nil return for events that require notification within three working days or on a quarterly basis.

If you have notified the Office of the Chief Inspector of the occurrence of any event that required three-day notification or any event that required quarterly notification during the six-month period, the provider does not need to send the Office of the Chief Inspector a six monthly nil return.

⁵ 31(4) The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 as amended



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