Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Regulation of Health and Social Care Services

Enhanced Authority Monitoring Approach:

Frequently Asked Questions

February 2018

Safer Better Care

Introduction

Following a review of how HIQA monitors and inspects designated centres for older people and people with disabilities, we introduced an enhanced monitoring approach on 1 February 2018. This updated approach incorporates what we have researched, learned, and feedback received over the past 10 years to ensure that regulation is efficient and effective.

To help you understand how these enhancements will affect you, we held information seminars for providers and persons in charge of designated centres in Cork on 27 November, Galway on 28 November, and Dublin on 5 and 6 December 2017.

A number of frequently asked questions emerged from these seminars, and we have prepared this document to share the answers to these questions with you all.

For more information on HIQA's enhanced monitoring approach, please visit www.hiqa.ie, where a number of guidance documents as well as an updated assessment and judgment framework are available.

Questions on the registration process

1. **Who can be the registered provider's representative?**

   The registered provider's representative is not the registered provider but rather a person who has the knowledge and ability to answer **for and on behalf** of the legal entity in relation to the matter in question.

   Examples of provider's representatives for different types of providers are given below:

   - a sole trader — not required
   - a partnership — partner
   - a company — director or chief executive officer
   - a body established under Health Acts 1947 to 2013 — person with delegated responsibility
   - a body established under the Health (Corporate Bodies) Act 1961 — committee member or board member
   - an unincorporated body — committee member or board member.

2. **Do we have to renew Garda Síochána (police) vetting for persons in charge and persons participating in management within six months of registration renewal?**

   A photocopy of a National Garda Vetting Bureau report must be dated within six months of submission to HIQA. However, you will not need to submit an updated copy of a vetting disclosure with your application for renewal of registration if the previous version submitted to us is dated within the last two years.

3. **Can we use international police vetting for Nurses from the EU?**

   Appropriate international police vetting is needed for nurses who have lived outside of the Republic of Ireland or Northern Ireland for more than six months; however, you will still be required to complete Garda vetting for any time spent as a resident in Ireland.

4. **Garda vetting is a very slow process — what can providers do?**

   In the first instance, we would suggest that you speak to the liaison person in your organisation who handles Garda vetting. If you are the liaison officer, you could contact the Garda National Vetting Bureau and discuss it with them. Since the introduction of eVetting, Garda vetting is now much more efficient and timely.

5. **Could you provide clarity around the difference between applications to register new footprints and an extension? Is a new extension considered a centre in its own right?**

   An application to increase the footprint of the designated centre, that is, an increase to the floor plans submitted as part of registration requires an application to register. There are two options available:

   - Option 1. An extension can be registered as its own separate designated centre, where this building meets the definition of a designated centre. In this case, the extension will have a separate identity number, which is referred to as an OSV number.

   Option 2. An application can be made for the existing building and the new extension to be registered as one centre. The complete building will retain its existing OSV, which will now cover both the existing and new extension as

one entity. However, the centre will receive a new registration start date. The assessment for this option will take into account the current compliance history and fitness of the existing centre.

6. **What is the time frame between the inspection being carried out, a stage 1 report, and a registration certificate being issued?**

   The issuing of the stage 1 report and the issuing of certificates of registration are not interlinked. When the inspection is complete, it is intended to issue a stage 1 report within 20 days. The issuing of a certificate of registration only relates to the decision to grant registration or renewal of registration.

7. **For a first time registration, what would inspectors expect to see on inspection?**

   An inspector would expect that the centre is completed and ready for operation.

8. **What is the average time frame for registering a new centre?**

   It depends on many variables, such as an accurate and complete application, when the inspection is completed and that any conditions are met. The main priority for the Office of the Chief Inspector is to ensure that the centre is fit for purpose and safe for residents.

   The Office of the Chief Inspector prioritises new centres and applications which will increase the number of available beds. Where all information is received and the centre is compliant with Section 50 of the Health Act 2007, the timeframe for issuing the Notice of Proposed Decision has in some cases been less than 12 weeks. Following issue of the Notice of Proposed Decision, the timeframe is outside the control of the Office of the Chief Inspector as each registered provider can exercise the right to appeal the decision to the District Court.

Questions on the notifications process

9. Do all parts of the quarterly notification form, even parts that are not relevant, have to be completed?

Currently our quarterly notification form (NF39) is a single form with sections for all categories of events that are required to be notified to the Chief Inspector on a quarterly basis, under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For quarterly notifications to be submitted for the first quarter of 2018 and thereafter, we will be changing to separate forms for each category of notifiable event. These forms are referred to as NF39 A, NF39 B, NF39 C, NF39 D and NF39 E. You will only be required to submit the relevant quarterly notification form to us if you have one or more instances of a notifiable event under the category in question during the relevant quarter.

10. What is meant by a nil return? Is it necessary to send a 'nil return' for each separate NF form if none of those particular NFs have been issued to HIQA in the previous six months?

You only submit one nil return. At the end of each half year (end of June or end of December), a nil return should be submitted to HIQA for any quarterly notification categories where no notifiable instance has occurred during the previous two quarters.

11. If no theft has taken place in the first two quarters of a year, should a nil return be made to HIQA at the end of June even though we may have sent other notifications, for example, NF03s, in the first two quarters?

Yes, in this circumstance the category of 'recurring pattern of theft or burglary' should be included in your next nil return, as per the answer to question 10. This nil return (NF40) should be submitted to HIQA during the month of July.

12. When do providers use the new format for quarterly notifications?

Providers will be notified in early 2018 when the revised notification forms will be available to use via the Provider Portal or for download. The current forms will be used for the last quarterly reporting period of 2017.

13. If notifications are submitted on the Provider Portal, do centres also need to have hard copies of all notifications in the centre for inspections?

No, this is not necessary. The Provider Portal creates an online record of any notifications submitted, in the 'notifications history' menu. Inspectors will accept sight of the notification in the notifications history menu as sufficient evidence of the notification having been retained for inspection by HIQA.

14. Have notification forms for self-injurious behaviour been updated?

There is no notification form for self-injurious behaviour. Where a resident suffers a serious injury, this must be notified within three days. If a resident suffers any other type of injury not required to be notified as a serious injury, then this must be notified via quarterly notification for designated centres for people with a disability.

15. In relation to the NF39A notification form, in the restraint section, is there a differentiation between bed rails or lap belts? Is notification required if they are requested by a resident?

Where a resident can safely release themselves from a bed rail 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.

16. Where lap straps have been indicated by the OT as a necessary seating profile, should these to be recorded as restraints?

Please refer to the guidance in Question 15.

17. Are HIQA planning on consolidating NF06 reports with the reporting required by the Health Service Executive (HSE) for safeguarding?

The requirement to notify under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 is separate to the reporting required by the HSE.

18. When completing notification forms, what should providers do if there is difficulty finding out the cause of death for service users who passed away in hospital?

The Office of the Chief Inspector acknowledges that this is often outside the control of the person in charge of the centre. The Regulations require that the Chief Inspector is provided with the cause of death in writing when it has been established.

Questions on the Provider Portal

19. When will provider nominee stop having access to Provider Portal?

Provider nominees' access to the Provider Portal will cease on 31 March 2018. We will contact providers who have a provider nominee as their portal super-user during the early part of 2018 to make alternative super-user arrangements with them.

20. Are Provider Portal changes available now?

It is envisioned that the new notification forms will be available in January/ February 2018. Providers will be notified as soon as any new functionality is made available on the portal.

21. Who can be a super-user?

There can only be one super-user and they can assign up to five sub-account users to access the Provider Portal. The super-user must be one of the following:

- someone with a provider-level role, for example, director of a company
- the person in charge
- a person participating in the management of the centre.

22. Who can submit notifications and information on Provider Portal?

The super-user or sub-account user can submit monitoring notifications on the Provider Portal. Monitoring notifications originate from the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the Health Act

2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, and they include three day notifications (NF01-09), quarterly notifications (NF39) and nil returns (NF40). The person in charge has responsibility under the regulations for the completeness and accuracy of monitoring notifications.

Registration notifications (NF30-37) originate from the registration regulations, and the responsibility for submitting those notifications rests with the registered provider. When the new provider log-in to the Provider Portal is available (from early 2018), anyone with a provider log-in will be able to submit those notifications via the portal.

23. If I was a Provider Nominee and I was a super-user but now I'm becoming a PPIM as a sub-account user, do I need to submit a full PPIM Application?

There is a legal requirement to notify HIQA of any changes to persons participating in management and the person in charge. This includes all relevant prescribed information for this role. Therefore, an NF31 notification should be submitted to HIQA if you are to be but are not currently a person participating in management. There are two options for doing this through the Provider Portal:

- If you are currently a super-user in the role of provider nominee, you can continue to be super-user in the role of a person participating in management if you are an existing person participating in management or if your NF31 has been processed by 31 March 2018.
- If a different super-user is put in place for your centre or centres, that super-user will be able to set you up as a sub-account user on the Provider Portal.

24. Do draft notifications still disappear after 24 hours?

The length of time that a notification remains in draft form on the HIQA portal depends on the type of notification. Three day monitoring notifications that are already available on the portal (NF01-09) currently remain in draft form for up to three days. This is being increased to five days. When registration notifications (NF30-37) are available on the portal in early 2018, these will remain in draft form for up to eight weeks. Once they are available on the portal, quarterly notifications (NF39) will remain in draft form for up to three months.

25. **Is it envisioned that eventually all information, including Statement of Purpose, will be sent to HIQA via the Provider Portal?**

    Yes, and we encourage all providers to register for Provider Portal access. This method is both the quickest and safest way to send information required to HIQA. As the portal is developed further, you will be informed of the changes and the new functionalities as they become available.

Questions on the inspection process

26. **Are the inspectors open to reviewing information required in the inspection process in electronic media rather than paper?**

    Yes, this is an option. However, any information that is available that refers to service users must also be in a format that the service user can understand and access if required.

27. **Are providers required to print all rosters and keep them in a file or can a roster only be printed when requested during an inspection?**

    The inspector will inform you of the relevant prescribed information that they will require to see on an inspection. Data protection and retention policies will also dictate the need to retain hardcopies on file.

28. **If the residents' questionnaires are not completed, does that throw up a red flag to HIQA about the centre?**

    The questionnaire is only one method used by inspectors to ascertain whether a designated centre is person centred and how residents are supported in their daily lives, what it is like to live in the centre and how the registered provider and staff support them in this. Inspectors will also speak to service users and their families whilst on the inspection.

29. When are residents' questionnaires to be used? Can providers use them to elicit residents' views themselves?

The forms will be available online for service users to complete at any point throughout a designated centre's three year registration cycle. As is currently the case, they can also be completed in advance of the inspection. Providers can access these forms online as required.

30. Does HIQA only issue questionnaires for a registration inspection?

The forms will be available to service users and providers to download at any time. We will only send out the questionnaire as part of the announcement pack for an announced inspection; however, at all others times, it can be accessed by residents, relatives, advocates or staff via HIQA's website.

31. Are relatives' questionnaires still being used?

These have been replaced with the new questionnaire format, and family carers will be able to access the form and assist their loved one to complete it. They can also attend the designated centre on the day of the inspection and speak to the inspector if they wish to do so.

32. If a resident does not have capacity to fill one out themselves and staff have to help them, how does HIQA expect it to be completed without bias?

The Office of the Chief Inspector wants to hear the views and experiences of residents. Therefore, if staff are assisting residents or completing questionnaires on residents' behalf, then it should be completed from the perspective of the resident. The questionnaire is only one of the tools for the inspector to assess the care being provided to the resident. The new form also has new symbols which may be able to be used with residents with limited capacity to complete the form. Inspectors will also be available to speak to the family carer if available.

33. Will HIQA have an alternative questionnaire for residents with intellectual disabilities and dementia to capture their experiences in their unit?

The form was designed to be used as part of the overall inspection. Inspectors are available to meet with residents and their families to discuss

their experiences. The posters also feature new symbols that may assist those with dementia or an intellectual disability to identify their feelings in relation to certain questions.

34. How is the data of value if residents do not complete the questionnaire themselves?

Family carers may also complete the form on behalf of their loved one. As outlined above, the questionnaire is only one of the tools used to review the views and experiences of residents.

35. How are resident questionnaires used?

Resident questionnaires are used as one part of the overall inspection. They assist the inspector in reviewing what it is like, from the residents' point of view, to live in the designated centre.

36. If a questionnaire is completed by a resident outside of the inspection process, where does the service user send the form?

The form can be sent to:

Regulatory Support Services
HIQA
George's Court
George's Lane
Dublin 7
D07 E98Y

Questions on compliance

37. Will residential respite services have to reply to a full regulation in response to compliance plan, even if full regulation is not applicable to respite services?

Where a designated centre is registered, it must comply with the Act, Regulations and Standards.

Questions on HIQA publications

38. When will the new combined assessment and judgement framework be available?

We will be notifying providers as soon as this information becomes available.

39. Is all the new guidance documents mentioned at the provider seminars available immediately on the website?

All guidance documents referred to during the provider seminars will be made available on the HIQA website as the enhancements that they refer to are rolled out during the first quarter of 2018. We will communicate with providers as these enhancements and guidances come into effect.

General questions

40. As the new enhancements seem to favour the registered provider rather than the person in charge, should more have been done to assist persons in charge?

The registered provider is legally responsible for the designated centre and as such should support the person in charge in carrying out their functions.

41. When will HIQA be monitoring day care services?

The expansion of HIQA's remit to new areas is a matter for the Department of Health.

42. What are HIQA's views on monitoring district hospitals? convalescence care and respite care?

If the district hospital, convalescence care or respite centre meets the definition of a designated centre and is registered, it must comply with the Act, Regulations and Standards.

43. Does HIQA regulate supportive care home structures, whereby low dependency needs are cared for?

If the supportive care home meets the definition of a designated centre and is registered, it must comply with the Act, Regulations and Standards.

Issued by the Office of the Chief Inspector
Regulation Directorate
Health Information and Quality Authority (HIQA)
Unit 1301, City Gate,
Mahon,
Cork,
T12 Y2XT