## Desiganted Centres for Older People - Regulatory Quality Assurance

Inspector name:	Manuela Cristea	Centre ID: Date of call: 15/04/2020 Name of person spoken						
	valued disca	centre ID:		Date of Call:	15/04/2020 Name of person spoken to:			
Team		Centre Name:		Time of call:	13 00 00			
Regulation (DCOP)	What the regulation requires	Question number	Question	Response by Provider (Guide)	Answer	Internal Risk Rating	Please give brief explanation for response	Notes
ti	assessing the risk of, and preventing, detecting and controlling. he spread of, infections, including those that are health care issociated	1a	How many residents have been diagnosed with COVID-19?	Update NF02 with details - If there isn't an NF02 on Prism advise the provider to submit same.				
ti	assessing the risk of, and preventing, detecting and controlling he spread of, infections, including those that are health care associated	1b	How many residents are suspected to have COVID 19?	Update NF02 with details - If there isn't an NF02 on Prism advise the provider to submit same.				
ti as	.assessing the risk of, and preventing, detecting and controlling he spread of, infections, including those that are health care ssociated	<b>1</b> c	19?	Insert Number (Total number to date)			no data available at present	
ti as	.assessing the risk of, and preventing, detecting and controlling he spread of, infections, including those that are health care issociated	1d	Have any residents with COVID-19 passed away?	Update NF02 with details - If there isn't an NF02 on Prism advise the provider to submit same.	Yes			
tt	.assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated	1e	Were any residents transferred to an acute hospital or other facilities (since our last call)?	[Indicate which hospital or facility and reason for Transfer]	Yes			
tt a:	.assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated	1f	How many vacancies do you currently have?					
ti a:	.assessing the risk of, and preventing, detecting and controlling he spread of, infections, including those that are health care ssociated	1g	Have you been in contact with Public Health?		Yes		yes daily contact with public health and HSE- liaison public health person appointed	
tt	.assessing the risk of, and preventing, detecting and controlling he spread of, infections, including those that are health care associated	1h	Do you have sufficient PPE at the centre?		Yes		yes good quality- dailydeliveries; enough O2 concentrators and containers	
4(1) Person in charge Ti	rhere shall be a person in charge of the designated centre.	2a	Are there deputising arrangements in place the event the PIC is absent?		Yes		yes (Marketter and have also trained up the CNM should there be a need. PIC still on the floor and Marketter behaves ights	
re W	That the number and skill mix of staff is appropriate having egard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.		Do you have sufficient numbers and skill mix of staff at present?		Yes		yes-using agency on regular bais  Housekeeping provided by  external company  are back already with  At present no help provided by HSE staff	
	the staff of a designated centre includes, at all times, at least one registered nurse.		Where required by the regulations, was there a registered nurse on duty at all times during the past two weeks?		Yes			
	the staff of a designated centre includes, at all times, at least one registered nurse.	2d	How many staff are currently unable to work due to confirmed COVID-19?	Update NF02 with details if NF02 has been submitted. Insert number here if staff only affected and there is no NF02.				
0	the staff of a designated centre includes, at all times, at least one registered nurse.		to suspected COVID-19 and/or self isolation.	Update NF02 with details if NF02 has been submitted. Insert number here if staff only affected and there is no NF02.				
re ve co	That the number and skill mix of staff is appropriate having egard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated entre oncerned.		Have you a contingency plan in place in the event your residents care needs increase or your staffing levels decrease due to the requirement to self isolate?		Yes		reorts that they are managing currently with the use of regular staff from agnecy-1 asked if I can support by escalating the staffing levels and PPIm reports that tehya re manging to maintain- heer concern re ensuring hydration of residents- redeployment of activity staff to ensure drinks are provided and assistance with meals. Feels they are managing better at this point in time-	
re W	that the number and skill mix of staff is appropriate having egard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated entre oncerned.		Have you had to supplement the staff caring for residents through the use of 1. staff from another agency or provider, 2. volunteers or 3. Non healthcare staff?		Yes		agency staff 2 at present) also 2 housekeepers through that provides cleaning services fro residential care. The Garda vetting was in place and they were ready to be orientated to the place.	
	provide meals, refreshments and snacks at all reasonable imes		Are there sufficient supplies of food and drink for residents?		Yes		no disruption to food supply-each resident has received an easter egg	

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18(2) - food and nutrition	provide meals, refreshments and snacks at all reasonable times	3b	Are there sufficient catering staff to prepare and cook meals for residents?		Yes		yes- plan in place with contingency included					
6(1) Healthcare	appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cháimhseachais rom time to time, for a resident.		Did residents have access to medical and health care as required for ongoing and emerging health needs and COVID-19?		Yes		GP doing phone assessments where possible; EOL care plans in place					
21(1) Records - schedule 2(2)	that the records set out in Schedules 2, 3 and 4 are kept in a designated centreand a vetting disclosure	5a	Do all staff have a vetting disclosures?		Yes							
30(c) Volunteers	that people involved on a voluntary basis with the designated centre provide a vetting disclosure	5b	Do you have a valid garda vetting for all volunteers in the centre?		N/A		No volunteers/ aware of the need for garda vetting should they require					
21(1) Records - schedule 2(2)	that the records set out in Schedules 2, 3 and 4 are kept in a designated centreand a vetting disclosure	5c	If 5a is no, has a garda vetting disclosure been applied for?		Yes/No							
21(1) Records - schedule 2(2)	that the records set out in Schedules 2, 3 and 4 are kept in a designated centreand a vetting disclosure	5d	What was the start date of staff that do not have a vetting disclosure identified in 5a?	Insert date or multiple dates								
30(c)Volunteers	that people involved on a voluntary basis with the designated centre provide a vetting disclosure	5e	If 5b is no, what was the start date of the voluteer for whom you do not have a Garda Vetting?	Insert date or multiple dates								
Regulation 13 1(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure thatappropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided	6a	Where appropriate do residents have advanced care directives in place or have they noted their preferences to inforn their end of life care?		Yes		all have care plan in place aand ceiling of care identified					
Regulation 13 1(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure thatappropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided	6b	Where possible, are there arrangements in place to allow a family member sit with a resident in receipt of end of life care.		Yes		yes arrangements in place					
Regulation 13 1(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure thatappropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided	6c	Has the policy and procedures been updated to include infection control processes following the death of a resident with suspected or confirmed Covid19?		Yes		protocol in place					