

Regulation of Health and Social Care Services

> Regulatory assessment framework of the preparedness of designated centres for older people for a COVID-19 outbreak

> > 21 April 2020

About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public. HIQA's mandate to date extends across a wide 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 responsibility for the following:

- Setting standards for health and social care services Developing personcentred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** Regulating medical exposure to ionising radiation.
- Monitoring services Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- Health technology assessment Evaluating the clinical and costeffectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- Health information Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- National Care Experience Programme Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

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Introduction

The COVID-19 pandemic has had a significant impact on vulnerable citizens of Ireland's residential services. The outbreak of COVID-19 in designated centres for older people poses a high risk to the health and wellbeing of people living in these centres, and also challenges the registered providers of these services who are required to provide safe, high-quality care to their residents. As the pandemic progresses, the preparedness of registered providers is key to ensuring that essential standards of care for residents are maintained.

The regulatory assessment framework aims to support those centres that are currently free from COVID-19 to prepare for an outbreak of COVID-19 and put in place the necessary contingency plans.

This programme is in line with HIQA's established Authority Monitoring Approach¹.

Guidance for registered providers

Under the Health Act 2007, as amended, the registered provider is responsible and accountable for the quality of care and safety of residents in designated centres. To support registered providers and designated centres during this public health emergency, supports and resources have been made available by the Health Service Executive (HSE). These include:

- crisis management teams in each CHO area, including infection control specialists
- access to personal protective equipment for staff working in designated centres
- the provision of public health advice
- voluntary re-deployment of staff to designated centres
- access to testing and results
- access to specialist medical input such as gerontology.

In addition, support for providers and staff is available from HIQA through the Infection Prevention and Control Hub and from HIQA's inspectors of social services. The Hub can be contacted on 1800 220000 or at <u>DCIPCsupport@hiqa.ie</u>.

¹ <u>https://www.hiqa.ie/reports-and-publications/guide/enhanced-authority-monitoring-approach-ama-guidance</u> and <u>https://www.hiqa.ie/reports-and-publications/guide/regulation-handbook</u>

The regulatory assessment framework is in line with the Health Act 2007, as amended, and associated regulations², and will assess:

- the preparedness of the registered provider and designated centre to manage an outbreak of COVID-19 under key governance, leadership, management and quality and safety regulations
- the provider's knowledge of the resources available to support residents and staff in preparing for and managing an outbreak
- the efforts made by the registered provider to access specialist clinical advice in providing safe care for residents
- the systems in place to ensure the centre is a safe place for residents.

Programme methodology

This self-assessment tool sets out the minimum standard required to effectively respond to an outbreak of COVID-19 in a designated centre. This involves a self-assessment by the registered provider and an onsite assessment by inspectors of social services to verify the provider's compliance against specified regulations.

Registered provider's responsibilities

Effective governance is central to a robust COVID-19 preparedness plan. Through effective leadership, governance and management the registered provider can ensure that appropriate systems, processes, behaviours and referral pathways are in place to support staff and residents and manage the service in the event of an outbreak of COVID-19.

Self-assessment

Every registered provider is required to undertake a self-assessment of their service. This requires the registered provider to critically review their service to determine that:

- 1. The governance, leadership and management arrangements in place will ensure the quality and safety of the services in the event of an outbreak of COVID-19.
- 2. The care and welfare of all residents is maintained and promoted at all times.
- 3. The actions and measures in place to prepare for an outbreak are effective.
- 4. Risk assessment is an ongoing element of the centres preparedness/contingency plans and their supporting arrangements ensure a timely and appropriate response to any identified deficits.

²Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended

- 5. The registered provider and staff are aware of the internal and external support and resources available in the event of an outbreak, and how to access same.
- 6. The registered provider has the capacity and capability to sustain the provision of quality care to residents in the event of an outbreak.

There is no requirement for registered providers to submit their self-assessments to the Chief Inspector; however, the self-assessment must be complete and available on the day of the announced, on-site assessment of their compliance with specified regulations. Assessment of compliance will commence from 29 April 2020.

Public health precautions during on-site assessment³

The on-site assessment of compliance is taking place during a national health emergency and as such inspectors of social services will take all necessary precautions, in line with public health advice. This includes:

- the observation of physical distancing at all times throughout the assessment
- inspectors will not enter areas occupied by residents
- the monitoring by HIQA of symptoms of COVID-19 in inspectors, including checking temperature prior to entering a centre
- a declaration by the inspector to the person in charge that they have no symptoms of illness or a raised temperature
- the observation of good hand hygiene at all times
- compliance with good cough and sneeze etiquette by inspectors at all times
- the use of personal protective equipment in accordance HSE guidance.
- compliance with any additional measures registered providers have in place in individual centres, as appropriate.

Furthermore, inspectors of social services will be familiar with *Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units.*

Validation (of self-assessment)

The format of the validation will be an assessment of compliance against specified regulations through an onsite interview with the registered provider or their representative and the person in charge of the centre. This will be supplemented with triangulation of evidence by a review of documentation and observation. The registered

HIQA has confirmed with the HPSC that during this Public Health Emergency HIQA inspectors of social services can carry out inspections in all designated centers, to include preparedness and risk- based inspections in all designated centres.

provider should ensure that they have available the required documentary evidence to support their own assessment of compliance for review by inspectors.

The registered provider should make provision for staff to speak with inspectors of social services regarding preparedness for an outbreak of COVID-19 during the course of the on–site assessment.

For the purpose of validation of the registered provider's preparedness, inspectors will not go into areas of the centre occupied by residents and they will limit the contact they have with staff.

The duration of the on-site assessment will depend on the registered provider's preparedness plan and the detail in the self-assessment.

If further action is required by the registered provider to ensure compliance with the specified regulations, a compliance plan will be issued to the registered provider by the inspector of social services following the in-site assessment.

The self-assessment

The self-assessment judgment⁴ framework is organised into two sections:

- **1.** Capacity and capability
- 2. Quality and safety

How to complete the self-assessment

You will be asked to answer 'Yes' or 'No' to a series of questions relevant to your preparedness for an outbreak of COVID-19 under specified regulations. When you have answered the questions under each regulation, you will be asked to make a judgment of compliance on your preparedness against the regulation.

Judgment descriptors

The table below shows the judgment descriptors you should use to assess your preparedness for COVID-19 against the regulations.

These are also the judgment descriptors that inspectors will use when they have completed the validation assessment of compliance.

[•] The self-assessment should be applied in conjunction with the following: Health Act 2007 (as amended): Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, and HIQA's established monitoring approach policy, procedures and guidance.

Compliant	Substantially compliant:	Not compliant:
This means the provider and or the person in charge has taken the necessary steps to prepare for an outbreak of COVID-19.	This means that the provider or person in charge has most of the elements of an effective contingency plan but some action is required.	This means that the provider has not taken the necessary steps to prepare for an outbreak of COVID- 19. In the absence of this preparation and contingency planning, residents are at risk. Urgent action is required by the provider.

Section 1 — Capacity and capability

This section focuses on the overall delivery of the service and how prepared the provider is for an outbreak of COVID-19.

Regulation 4: Written	policies and procedures			
Has the provider ensured th issued by the Health Protect relation to COVID-19?	Yes No			
Has the registered provider reviewed specific policies and procedures related to COVID-19 (as referenced through this assessment judgment framework) and updated where required?				
Compliant	Substantially compliant	Not comp	liant	

Regulation 14: Person	s in charge			
Are there arrangements are in place should the person in charge be unable to work?				
Compliant	Substantially compliant	Not comp	liant	

Regulation 15: Staffing			
Are there plans in place to ensure continuity of care to residents in the event of a significant shortfall of staff attending work due to required self-isolation or an outbreak of COVID-19?			
Are there on-call staffing arrangemen	ts for key management positions?	Yes No	
Has the registered provider reviewed systems to ensure staff have 24/7 ac support and advice at all times?		Yes No	
Has the provider identified a source of locum cover/sick leave cover in the event of reduced staffing?			
Are staff aware of the requirements for reporting and managing confirmed/suspected cases of COVID-19 in any residents or staff in centre?			
Are there systems in place for staff to confirm to the person in charge or staff member in charge that they do not have any symptoms associated with COVID-19 at the start of each shift?			
Are there measures in place to:	Are there measures in place to: take staff temperatures at the beginning of each shift?		
	enable physical distancing by staff?	Yes No	
	Staff uniform policy	Yes No	

Regulation 15: Staffing				
	minimise movement of staff in the Yes centre and between other centres? No]		
	declare, if necessary, that staff have had contact with confirmed/suspected cases of COVID-19, and advise staff to self- isolate as per public health guidelines?]		
	one zone/area in the centre, for example, are Yes I to a specific area and not rotated to other No]		
Has the provider and person i advice?	n charge access to occupational health Yes C No C]		
Has the provider implemented measures that have proven ef	I any new staff management or support Yes C fective? No C]		
Compliant	Substantially compliant Not compliant			

Regulation 16: Training and staff development		
Have staff who work directly with residents received up-to-date training specific to COVID-19, including how to prevention infection and minimise the risk of getting the disease, as advised by the HSE and HPSC?	Yes C No C]
Are there regular briefings for staff on updated HSE/HPSC guidance for residential care facilities?	Yes C No C]
Have staff access to and availed of HSELand/HPSC training material, online learning and educational videos in relation to infection prevention and control and the care of residents during COVID-19?	Yes C No C]
Has the person-in-charge ensured that staff fully understand and are adhering to this training and guidance?	Yes C No C]

Is refresher training undertaken by staff?			Yes No	
Are staff trained in the use and disposal of PPE?			Yes No	
Compliant	Substantially compliant	Not com	pliant	

Regulation 23: Governance an	d management		
Is the provider in contact with the crist area?	sis management team in their CHO	Yes No	
•	Does the provider know how to make a referral and who to contact in their CHO area to support them in the event that their contingency plans prove insufficient?		
Has the provider ensured that the contact details of the provider, senior staff, HSE crisis management teams and GPs are easily accessible for staff?			
Have the provider or staff received communication from the crisis management team in their CHO area?			
Can the provider and staff access viral testing for residents as advised by public health?			
Does the provider know that HIQA has a system in place to escalate issues from nursing homes to the CHO crisis management teams?			
Has the provider established links with other providers in their area for the sharing of information and support?			
Has the provider identified a COVID-19 lead in the centre?			
Does the provider have access to infection prevention and control specialist advice and if so, where is this advice is accessed from?			
Has the provider sourced adequate resources for use in the event of outbreak in terms of:hand hygiene supplies?			

Regulation 23: Governance an	nd management		
	oxygen?	Yes No	
	hygiene equipment?	Yes No	
	personal protective equipment?	Yes No	
	medication stocks?	Yes No	
	catering (in the event catering staff are unable to work)?	Yes No	
	Laundry facilities?	Yes No	
Has the provider, in consultation with the person in charge, reviewed each unit, floor area of the centre and identified areas that operate as discrete zones to allow for appropriate isolation or cohorting of suspected and confirmed COVID-19 residents?			
Has the provider put arrangements in place to ensure all mandatory notifications are reported to the Chief inspector of Social Services?			
Are pre-admission assessment and precautions in place?			
Has the provider restricted visiting to essential visiting only, in line with HSE/HPSC guidance?			
Is 'essential visiting' defined so that all staff are clear as to what it means?			
Is visiting facilitated if residents are approaching end of life?			
Has the provider identified a family li- informed and communicated with (in visiting is restricted?	aison to ensure that families are kept line with residents' wishes) while	Yes No	
For group providers			
Has the provider put systems in place designated centre?	e for daily contact with each	Yes No	

Regulation 23: Governance and management					
Has the provider restricted non-essential movement of staff between centres in the group?Yes NoI					
Compliant	Substantially compliant	Not com	pliant		

Regulation 31: Notificat	ion of incidents			
Have the provider and staff familiarised themselves with how to update HIQA's provider portal daily with the numbers of suspected and confirmed cases of COVID-19?				
Has the provider a system in place to ensure that all notifications of unexpected deaths are submitted in a timely fashion?			Yes No	
Compliant	Substantially compliant	Not com	pliant	

Section 2 — Quality and safety

The focus of this section is on ensuring the care and welfare of residents during this public health emergency.

Regulation 5: Individual assessment and care plans					
Has the provider, together wi of the current precautions and including the potential impact	Yes No	00			
Has the person in charge disc event that they become ill?	the	Yes No			
Has the person in charge ensured that each resident's care plan has been updated to ensure that changes to care have been recorded?					
Are staff aware of the atypical presentation features of COVID-19 and do they know what to do if a resident displays signs of illness or deterioration?					
Compliant	Substantially compliant	Not com	pliant		

Regulation 6: Healthcare			
How is the provider assured that each resident is provided with appropriate health and medical care during this public health emergency, including a high standard of evidence-based nursing care in accordance with professional guidelines?			
Are there arrangements in place for residents to be medically assessed if indicated?	by a general practitioner?	Yes No	
	by a gerontologist?	Yes No	
	by a psychiatrist?	Yes No	

Regulation 6: Healthcar	e				
Are there arrangements to place to facilitate/support the transfer of Yes residents to acute services if necessary?					
Are there arrangements in place for medical advice and review for end-of- life care?					
Compliant	Substantially compliant	Not Con	npliant		

Regulation 7: Managing	behaviour that is challengin	g		
Is the provider monitoring the use of restraint to ensure that it is only Yes done in accordance with national policy?				
Has the person in charge upor residents with known behavior in place to ensure that these outbreak?	trategies	Yes No		
Compliant	Substantially compliant	Not com	pliant	

Regulation 8: Protection			
Is the provider taking all reasonable measures to protect residents from all No forms of abuse?			
Compliant	Substantially compliant	Not com	pliant

Regulation 9: Residents' rights					
While observing physical (social) distancing measures, is the provider ensuring that during this public	ovider	occupation and recreations	?	Yes No	
health emergency each reside still has opportunity for:	ent	participation in activities in accordance with their intere capacities?	ests and	Yes No	
Can residents exercise choice (if does not interfere with the rights of other residents)?				Yes No	
Can residents undertake personal activities in private?				Yes No	
Can residents communicate and remain in contact with their families and significant others?			Yes No		
Are residents consulted about the public health measures that affect their daily lives?			Yes No		
Has the provider consulted with residents in the event that residents may be required to move from their normal accommodation in the case of isolation or cohorting?			Yes No		
Compliant	Subst	antially compliant	Not com	ıpliant	

Regulation 10: Commur	nication			
Are residents kept informed of the centre and the reasons for	Yes No	00		
Are residents educated about appropriate?	Yes No	00		
Has the provider put measures in place to facilitate residents to maintain their social contacts?				00
Has the provider put measures in place to facilitate residents to communicate with their families (in accordance with residents' wishes)?				
Compliant	Substantially compliant	Not com	pliant	

Regulation 11: Visits				
Has the registered provider m compassionate grounds such	nade arrangements for essential visit as end of life?	ing on	Yes No	
Compliant	Substantially compliant	Not com	pliant	

Regulation 26: Risk management					
Has the risk management polic infection of COVID-19 to reside	-	Yes No			
If staff live on site can physica	-	Yes No			
If staff working in the centre li other centres does alternative	5	Yes No			
If staff live in direct provision of need to be provided if this is a		Yes No			
Is there a process in place that confirmed/suspected cases dee health guidelines.		Yes No			
If staff move between different centres, has this been risk assessed?					
Compliant	Substantially compliant	Not comp	oliant		

Regulation 27: Infection control		
Is public health advice being adhered to?	Yes No	00
Is the premises clean?	Yes No	
Is there an appropriate cleaning matrix or manual to identify the method and frequency of environmental cleaning in the centre?	Yes No	
Is there a plan in place for waste management?	Yes No	
Are there adequate contingencies for additional waste management in the event of an outbreak, inclusive of appropriate additional waste bins and segregation of waste and laundry/linen?	Yes No	

Regulation 27: Infection control						
Are there sufficient hand hygiene supplies?						
Are there adequate stocks of disinfectant products, in line with national recommendations for cleaning and disinfection during the COVID-19 pandemic?						
Do staff have access to alcohol gel and appropriate hand-washing facilities?			Yes No			
Do staff have access to PPE?			Yes No			
Compliant	Substantially compliant	Not com	pliant			



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