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Subject: Quality assurance framework on preparedness and contingency planning for COVID-19 for designated centres for older people
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Kathleen,

Further to our conversation this morning, Mary has developed the attached paper. To note the assessment framework which will be the more detailed aspect of the work, used for self-assessment and inspection is a work in progress.

Let me know if this covers the points being raised this morning – Mary and I are happy to have a chat about it today if required.

Also to Note Conor Teljeur is also working on a Plain English version of the analysis that he is doing on the NF01s - I am hoping that we will have something back before COB today.

Regards,

Phelim

Health Information and Quality Authority

Chief Inspector

Quality assurance framework on preparedness and contingency planning for COVID-19 for designated centres

Introduction

The COVID 19 pandemic in Ireland has significantly impacted on residential services and affected our most elderly and vulnerable people. While the Chief inspector decided to minimise the number of onsite inspections to reduce movement between designated centres, desktop reviews and regular communication with designated centres continued to monitor compliance with regulations and standards of care. The chief inspector also continues to monitor unsolicited information received from the public through concerns.

On Monday 6 April HIQA also established the HIQA infection control hub team, a component of which is to offer support, guidance and advice to providers and staff of designated centres and inspectors on outbreak management advice to include preparing for or managing an outbreak of COVID- 19 to ensure residents received safe and appropriate care. A review of the calls to date identify preparedness is one of the key areas of concern for staff.

A formal escalation pathway is in place, ensuring all designated centre at actual or potential risk are escalated daily to the Health Services Executive.

As of today circa 65% of nursing home and 80% of disability centres are non-covid. As the pandemic progresses, with the continued spread of COVID – 19 – **residential centres preparedness** is the key to ensuring the standards of care for residents is maintained.

Quality assurance

A quality assurance inspection programme has been developed to ensure that providers and staff are prepared for and have contingency plans in place for an outbreak of COVID-19. This programme is in line with the Authority Monitoring Approach.

Preparedness is key for ensuring that standards of care can be maintained during this public health emergency. The purpose of this programme is to enable providers to:

- Assess whether the provider has effective contingency arrangements in place to ensure the care and welfare of residents should an outbreak occur
- Focus on discussions with providers and confirmation through observation that the centre is a safe place for residents.

The programme methodology is through self-assessment and inspection. The assessment judgment framework will be published on HIQA's website and will be issued to providers by

e-mail. Providers will be required to use the published assessment judgment framework and through the line of enquiry assess their capacity and capability to respond effectively to an outbreak whilst ensuring the care and welfare of all residents is maintained and promoted.

Inspectors of social services through focused inspections will validate, where required, the providers assessment of their preparedness and the adequacy of their contingency plans.

The assessment judgment framework will support providers to self-assess:

- Their preparedness for a COVID-19 outbreak under key regulations¹ aimed at ensuring residents are protected and continue to receive safe quality care during this public health emergency. *See Table 1 below.*
- Their knowledge of and established links into the HSE support structures put in place including:
 - HSEL and training materials
 - Webinar training and information sessions
 - Crisis management team
 - Infection prevention and control advice
- Access to expert medical impute, such as gerontology, psychiatry and general medicine.

Through this self-assessment providers will be able to insert “take action” where deficits were identified, seek additional supports if required and ensure that all reasonable measures are in place to contain the spread of the virus and robustly prepare for an outbreak.

We will continue to respond to issues of risk, which, in some instances may require additional inspection.

In any inspection undertaken inspectors of social services will adhere to public health advice and take the necessary precautions during these inspections.

Table 1 – Regulations relevant to preparedness and contingency planning for COVID-19

Regulation number	Focus of the regulation
Regulation 23	Governance and management
Regulation 14	Person in charge

¹ Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended

Regulation 15	Staffing
Regulation 16	Training and staff development
Regulation 31	Notification of incidents
Regulation 5	Individual assessment and care plan
Regulation 6	Healthcare
Regulation 7	Managing behavior that is challenging
Regulation 8	Protection
Regulation 9	Residents rights
Regulation 10	Communication
Regulation 11	Visits
Regulation 26	Risk Management
Regulation 27	Infection control
Regulation 4	Written policies and procedures