

Monitoring Compliance

**Information for providers and persons participating
in the management of centres**

Health Information and Quality Authority

Overview:

- What is the difference between Inspection and Monitoring?
- How do we monitor compliance?
- What is the Authority's Monitoring Approach?
- What is an Assessment Framework?
- What is a Judgment Framework?
- What are notifiable events?

Regulation

Regulation consists of three interrelated functions:

1. Registration
- 2. Monitoring and Inspection**
3. Enforcement



What is the difference between Inspection and Monitoring?

- Inspection is a singular event that happens at one point in time
- Monitoring is ongoing and provides us with current information on compliance or non-compliance
- Monitoring is informed by:
 - Solicited Information e.g. inspection findings, notifications, provider-led investigations, response to action plans
 - Unsolicited Information e.g. concerns or other information received about a service or provider

What do we do with the information derived from monitoring compliance?

- Information derived from monitoring is used to inform:
 - Risk Assessment
 - Scheduling
 - Assessment of provider fitness
 - Registration (or renewal) decisions
 - Enforcement Action

How do we monitor compliance?

- We monitor compliance through the use of standardised tools, documentation, frameworks and processes including:
 - Utilisation of a common monitoring approach to all services
 - Monitoring Approach Plans (MAP)
 - Clearly defined standard operating procedures
 - Clearly defined inspection processes
 - Use of templates, frameworks, notebooks, checklists etc
 - Assessment and Judgment Frameworks
 - Standardised Risk Matrix
 - Action plans setting out non-compliances and actions required
 - Timely response to solicited and unsolicited information
 - Ongoing risk assessment through centre profiling

The Authority's common monitoring approach

- Why does the Authority use a common monitoring approach?
 - It improves consistency in how we monitor compliance with regulations and standards
 - It allows for better triangulation of evidence using clearly defined assessment tools (Observation, Interview & Data/Information)
 - It enables more robust judgement of compliance/non-compliance
 - It incorporates overt Risk Assessment into all our processes
 - It is achieved through the use of standardised templates and framework documents, particularly the Assessment Framework and the Judgement Framework

What is an Assessment Framework?

- The Assessment Framework is the key document that underpins our monitoring approach
- It identifies the **Themes and Outcomes** being monitored and is based on legislative requirements including the Regulations and Standards
- Details the **Lines of Enquiry** to be explored in order to assess compliance
- One assessment framework for Designated Centres for Persons (Children and Adults) with Disabilities (although specific emphasis in some areas for children e.g. opportunities to play, implementation of Children First, education, preparation for adulthood)

Example of Assessment Framework for Disability Services: Outcome 2

Theme 1: Individualised Supports and Care <i>Residential services for adults and children with disabilities are centred on the individual person/child and his/her care and support needs. Person-centred services provide the right support at the right time to enable people/children with disabilities to lead their lives in as fulfilling a way as possible. A person-centred approach to service provision is one where services are planned and delivered with the active involvement and participation of people who use services.</i>	
Outcome 2: Communication Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.	
Regulation 10. Communication Standard 1.5. Access to information	
2.1 Are residents assisted and supported to communicate at all times?	DOC REQUEST/REVIEW
	ON-SITE
	<ul style="list-style-type: none"> - Policy on communication - Resident Guide - Policy on provision of information to residents - Sample of personal plans
	OBSERVATION
	<ul style="list-style-type: none"> - Are staff aware of the different communication needs of residents? - Is there evidence that residents' communication needs are assessed? - Are there communication systems in place to meet the diverse needs of all residents? - Do staff assist and support residents to communicate at all times? - Is staff communication with residents respectful and kind? - Do they have enough time to listen to residents? - Do they reflect back to residents what they have heard them communicate? - Where appropriate, are there assistive devices to facilitate communication with residents? - Have residents access to radio, television, internet, newspapers, information on local events etc? - Are communication requirements in a sample of personal plans reflected in practice for these residents?
	INTERVIEW
	Provider/ Manager/ – What resources are in place to meet the diverse

What is a Judgment Framework?

- It complements the Authority's common monitoring approach and assessment framework by promoting consistent decision making through the use of standardised processes and tools
- It provides coherence in decision making across the different functions of the Authority
- It allows for a predictable approach that enables service providers to anticipate the context of future decisions by Authority staff
- It provides transparency for service providers and the public on how we make judgments about compliance and non-compliance

How do inspectors use the Judgment Framework?

- There are 4 key considerations when using the Judgment Framework.
 1. Is there sufficient evidence to make a judgment?
 2. Does the evidence demonstrate compliance?
 3. What is the level of risk to service users as a consequence of any non compliance? (informed by the Authority's Risk Matrix)
 4. What is the most appropriate regulatory response to take?

Example of Judgement Framework for Disability Services: Outcome 2

Outcome 2: Communication

Essential elements	Lines of enquiry	LOE Ref	Judgement prompts
Residents' communication needs are met.	Residents are assisted and supported to communicate at all times.	2.1	<ul style="list-style-type: none"> • Are staff aware of the different communication needs of residents • Are individual communication requirements highlighted in personal plans and reflected in practice? • Are there systems in place including multi-disciplinary professionals input, to meet the range of communication needs of all residents? • Is the centre part of the community - are there community links - have residents access to radio, television, social media, newspapers, internet information on local events etc? • Are residents facilitated to access, where required, assistive technology and aids and appliances to promote their full capabilities?

Outcome 2: Communication

Essential elements	Critical components	Non-compliant: Major	Non-compliant: Moderate	Non-compliant: Minor
Residents' communication needs are met.	<ul style="list-style-type: none"> • Staff are aware of the different communication needs of residents and there are systems in place including external professionals input where necessary, to meet the diverse needs of all residents. • Are individual communication requirements highlighted in personal plans and reflected in practice? • The centre is part of the local community and residents have access to radio, television, social media, 	<ul style="list-style-type: none"> • Residents are left without essential aids and equipment for their communication needs. • Interventions to support and improve communication for individuals are not implemented. • Staff are unaware of the different 	<ul style="list-style-type: none"> • Staff have not received training in communication with residents. • Residents are unable to access radio, television, internet, social media, or newspapers. • Inconsistent implementation of communication interventions from 	<ul style="list-style-type: none"> • Residents are unable to access information pertinent to the local area.

Notifiable Events

- Regulations prescribe what information must be provided to the Chief Inspector
- Dedicated forms have been developed to enable providers and persons in charge to notify us of prescribed incidents/events
- Forms will be on the website from the date of commencement
- Future plans to introduce web portal to facilitate electronic submission of notifications

Notifiable Events: Designated Centres for Persons (Children and Adults) with Disabilities

Form	Incident or event you need to tell us about	When
NF01D	The unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre	Within three working days of the incident
NF02D	Outbreak of notifiable disease	Within three working days of the incident
NF03D	Any serious injury to a resident which requires hospital treatment	Within three working days of the incident
NF05D	Any unexplained absence of a resident from the designated centre	Within three working days of the incident
NF06D	Any allegation, suspected or confirmed abuse of any resident	Within three working days of the incident
NF07D	Any allegation of misconduct by the registered provider or staff	Within three working days of the incident

Notifiable Events: Designated Centres for Persons (Children and Adults) with Disabilities

Form	Incident or event you need to tell us about	When
NF08D	Any occasion where the registered provider becomes aware that a member of staff is the subject of review by a professional body.	Within three working days of the incident
NF09D	Any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.	Within three working days of the incident
NF20	Person in charge absent for continuous period of 28 days	One month in advance of the proposed absence
NF21	Return of person in charge after being absent for 28 days or more	Within three working days of the return of the person in charge
NF30	Change of the person in charge Please contact the Registration Office on 021 240 9340 or email registration@hiqa.ie and ask for an NF30 pack	Within 10 days of the change

Notifiable Events: Designated Centres for Persons (Children and Adults) with Disabilities

Form	Incident or event you need to tell us about	When
NF31	<p>Change in any key senior management personnel (other than the person in charge of the centre)</p> <p>Please contact the Registration Office on 021 240 9340 or email registration@hiqa.ie and ask for an NF31 pack</p>	Within 28 days of the change
NF32	Change in ownership of the body corporate	8 weeks in advance
NF33	<p>Change in identity of the director, manager, secretary or any similar officer of a body corporate</p> <p>Please contact the Registration Office on 021 240 9340 or email registration@hiqa.ie and ask for an NF33 pack</p>	8 weeks in advance
NF34	Change in the name or address of a body corporate	8 weeks in advance
NF35	A registered provider's intention to cease to carry on the business of the designated centre and close the centre	Not less than six months

Notifiable Events: Designated Centres for Persons (Children and Adults) with Disabilities

Form	Incident or event you need to tell us about	When
NF36	<p>Any change in the membership of the partnership.</p> <p>Please contact the Registration Office on 021 240 9340 or email registration@hiqa.ie and ask for an NF36 pack</p>	8 weeks in advance
NF37	<p>Any change to the committee of management or other controlling authority of an unincorporated body</p> <p>Please contact the Registration Office on 021 240 9340 or email registration@hiqa.ie and ask for an NF37 pack</p>	8 weeks in advance
NF38	<p>Any change to the person responsible on behalf of a partnership, company, unincorporated body or statutory body</p> <p>Please contact the Registration Office on 021 240 9340 or email registration@hiqa.ie and ask for an NF38 pack</p>	8 weeks in advance

Notifiable Events: Designated Centres for Persons (Children and Adults) with Disabilities

Form	Incident or event you need to tell us about	When
<p>NF10D-18D</p>	<p>Quarterly return</p> <p>NF10D Any occasion on which a restrictive procedure including restraint was used</p> <p>NF15D Any occasion on which the fire equipment is operated other than for the purpose of fire practice, drill or test of equipment</p> <p>NF16D Where there is a recurring pattern of theft or reported burglary</p> <p>NF17D Any injury to a resident not included in 30 (1)©</p> <p>NF18D Any other deaths other than included in 30 (1) (a)</p>	<p>Submission dates each year for Quarterly Returns are:</p> <ul style="list-style-type: none"> • 31 January (for incidents that took place in October, November and December) • 30 April (for incidents that took place in January, February and March) • 31 July (for incidents that took place in April, May and June) • 31 October (for incidents that took place in July, August and September)

NF01D Form

Statutory designated adult notification

Regulation 31 (1) (a) of Designated Centres for requires that:

The person in charge shall ensure that written notification of the unexpected death notified to the Authority shall ensure that written notification of the death when same has been a

For details on how and where to notify the Authority, see the guidance for providers and persons in charge.

1. Provider Details

Name of the centre:
Centre ID:
Registered Provider:
Address of the centre:
Date form completed:



2. Details of the Death

Please identify below the individual who died:

Resident's Unique Identifier:	<input type="text"/>
Date of Death:	DD
Time death was discovered (if in centre):	DD
Time of death as pronounced by GP or hospital doctor:	DD
Describe the circumstances and medical condition of the resident prior or contributing to his or her death:	<input type="text"/>
Was a post-mortem requested?	<input type="checkbox"/>
Is there a coroner's inquest pending?	<input type="checkbox"/>
Cause of death (as recorded on death certificate):	<input type="text"/>
If cause of death is not available please give reasons why and when it is expected ² :	<input type="text"/>

¹ Please refer to back page for guidance.
² Regulation 31 (2) of the Health (Care and Services) Regulations 2005 requires that the person in charge shall ensure that written notification of the unexpected death notified to the Authority shall ensure that written notification of the death when same has been a

3. Additional Information

(Please describe other information relevant to the death)

<input type="text"/>

Declaration:

I, the undersigned, declare to the best of my knowledge:

Name: (please print)
Signed:
Date:
Position:
Telephone Number:

On completion of this form

Please return the completed signed form by email to rst@higa.ie (designated centres for adults or adults/children) or children@higa.ie (designated centres for children-only).

Please note:

- Where it is not possible to email the form, you should return it by post or fax to an address below
- When a fully completed and signed form has been emailed to the Authority, there is no need to also post or fax a copy
- Please mark faxes for the attention of 'Regulatory Support Team'.

Dublin Office	Cork Office
Regulatory Support Team Health Information and Quality Authority Georges Court Georges Lane Smithfield Dublin 7	Regulatory Support Team Health Information and Quality Authority Unit 1301 City Gate Mahon Cork
Tel: 01 814 7400 Fax: 01 814 7499	Tel: 021 240 9300 Fax: 021 240 9600

Guidance on the use of a unique identifier:

In line with data protection principles and privacy impact assessment, the Authority will only collect information necessary to carry out its statutory functions. This means that Authority will not unnecessarily collect personal information. Therefore, providers are asked not to include personal information on a resident when submitting a notification to the Authority. This includes naming a resident or providing a date of birth on the form.

Registered providers should create a unique identifier for each of their residents. The identifier should be created so as not to allow for individuals to be identified. Identifiers should be numerical; however, dates of birth, admission dates, room numbers or other data that could potentially identify a resident should not be used. A method of validating the unique identifiers should be kept securely in the centre and made available to inspectors on request.

Questions & Answers