

The regulation of health and social care services by HIQA during the COVID-19 public health emergency

7 May 2020

Introduction

From the onset of this National Public Health emergency HIQA has been a member of NPHE and has endeavored to provide a meaningful contribution to the National response to Covid-19 in its interactions with DOH and the HSE. Our membership on NPHE and its subgroups has facilitated the timely exchange of information on health and social care services including in particular the long term residential care sector. This has also enabled exchanges on identified risks in the context of the capacity and sustainability of residential services to deliver quality and safe care to residents during the Covid 19 outbreak.

To facilitate this timely exchange of information and escalation of risk HIQA has created 5 distinct referral and monitoring pathways which are described below.

In addition, HIQA has ensured that it has directed its HTA and other relevant staff to support NPHE, the Expert Advisory Group and the HPSC in the development of relevant HTAs and evidence summaries. HIQA has also developed an Infection Control Hub and a Contact Tracing Centre.

The regulation of health and social care services

The measures set out below were informed by five key principles:

- to ensure regulation of services was delivered in line with public health principles and advice
- to identify and respond to risk pertaining to the care and welfare of residents
- to reduce the regulatory burden on providers where possible and safe to do so
- to be a source of support to providers during this challenging time
- to assist relevant bodies by sharing data and information gathered through our regulatory activity.

On 13 March, a decision was taken to temporarily cease all *routine* regulation and monitoring inspections due to the national public health emergency¹. However, registration inspections to register and open new designated centres continued. Thus far, this registration inspection activity has facilitated the opening of in excess of 400 new residential beds for older persons and people with a disability. To that end, standard

¹ This is in line with the practice of all health and social care regulators in UK and across Europe.

application processes were adapted to respond to applications for registration of emergency designated centres before or within 24 hours of opening these centres and the prompt processing of same.

This document includes the following sections:

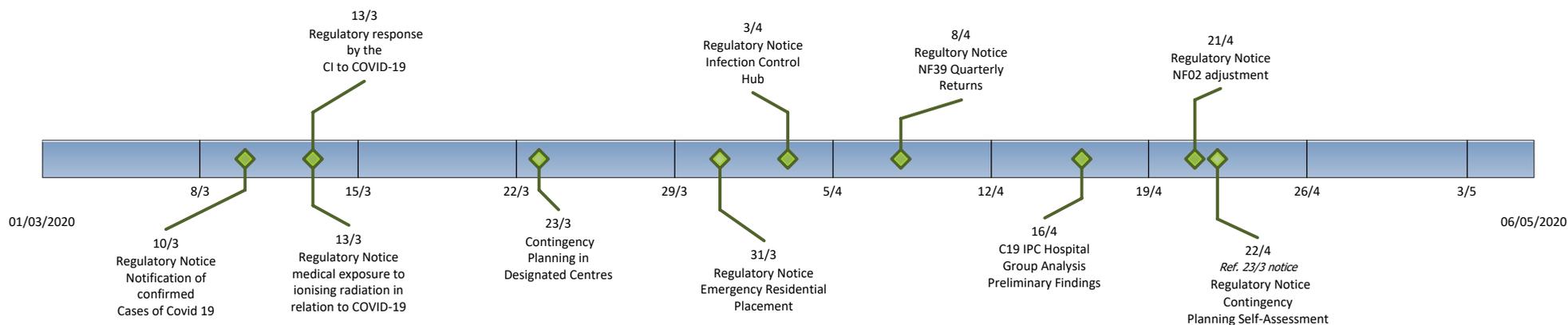
- 1.** Regulatory notices issued from the Chief Inspector/Director of Regulation
 - To the HSE/Section 38 and 39/private providers/Tusla/undertaking (ionising radiation)
- 2.** Data and information sharing
 - To the Department of Health, the HSE, the National Treatment Purchase Fund, the Health Protection Surveillance centre and the Nursing Home Support Scheme
- 3.** Support for the sector through regulation
- 4.** Risk escalation process
 - To the Department of Health and the HSE
- 5.** COVID-19 – regulation input
 - National Public Health Emergency Team sub group for vulnerable persons
 - Contact tracing hub

Appendices for information only:

- A. Infection Prevention and Control Hub report
- B. Regulatory assessment framework

1. Regulatory Notices Issued from the Chief Inspector/Director of Regulation

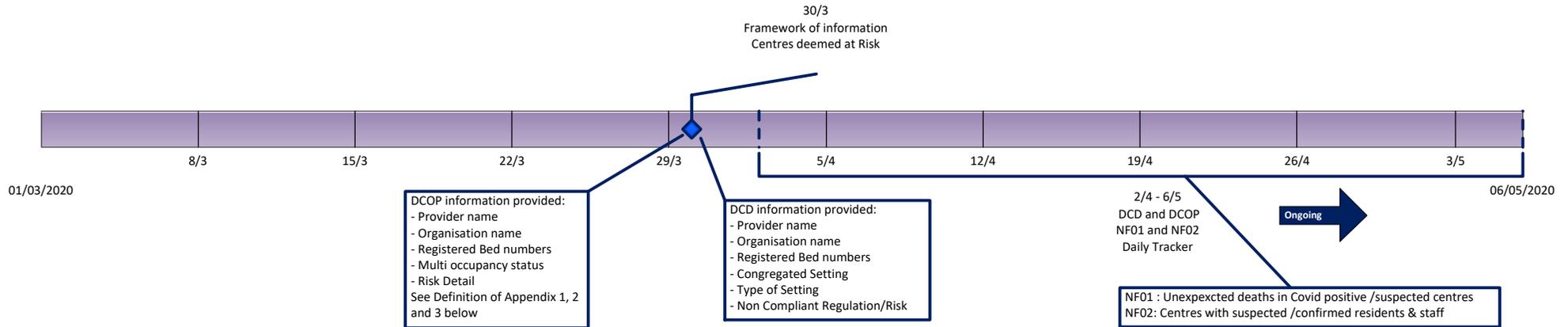
HSE/Section 38, 39 /Private providers/Tusla/ Undertaking (ionising radiation)



To date, seven regulatory notices between 20th March and 21st April have been issued to registered provider. In summary, these have reduced the number of mandatory notifications and have facilitated an easier system to ensure the timely return of data on number of residents and staff with suspected or confirmed cases of COVID-10, and the number of unexpected deaths in each centre. In addition, we have facilitated a one-day turn around registration process to expedite the opening of new residential beds. Furthermore, guidance has been provided identifying the key contingency structures and processes that each provider should have in place in to effectively manage a suspected and or confirmed case of COVID-19.

2. Data and information sharing

To: DOH/HSE/NTPF/HPSC/NSSS



30/03 Appendix 1: Older persons

Submitted previously on 12/03 to the HSE and DOH sets of a list of nursing home centres where the premises pose a significant risk in the context of the spread and/or management of Covid 19

30/03 Appendix 2: Older persons

Standalone sole traders or partnerships running small centres (40 or less beds) which may pose a significant risk in the context of the spread and/or management of Covid 19

- small companies that run single centres (40 or less beds) which may pose a significant risk in the context of the spread and/or management of Covid 19
- larger companies or groups of companies that run multiple centres of varying size which may pose a significant risk in the context of the spread and/or management of Covid 19

30/03 Appendix 3: Older persons

Details the name, number of residents and the specific non complaint regulation which may potentially challenge a service to safely manage residents with Covid 19

30/03 Appendix 1: Disability

Community based centres may be configured as stand-alone houses or a group of houses together. Congregated settings have 10 or more residents living in them and may consist of a number of centres on a campus or are large stand-alone premises, which may pose a significant risk in the context of the spread and/or management of Covid 19

30/03 Appendix 2: Disability – Smaller Providers

52 providers have less than 10 designated centres and who will most likely struggle to deploy additional resources to assist with infection control and response to infection

30/03 Appendix 3: Disability – Non Compliance

Details of specific non complaint regulation which may potentially challenge a service to safely manage residents with Covid 19

As the regulator of social care services, HIQA has extensive knowledge of designated centres for older persons, children and adults with a disability. The in-depth knowledge of these sectors is unique to HIQA, and has been shared with the HSE and the Department of Health since the outbreak of COVID-19 to assist in the national response to the pandemic. Below is a summary of information shared with the Department of Health and the HSE on 30 March 2020 and 9 April 2020.

Designated centres for older people — There are currently 583 nursing homes with approximately 32,000 registered beds. The private sector provides 80% of all nursing homes beds. There is considerable variation in the accommodation available, with many of the newer nursing homes providing single ensuite bedrooms, while many older nursing homes rely on multi-occupancy rooms, communal bathroom facilities and limited communal day space. Most private nursing homes have reduced the number of residents in communal bedrooms to a maximum of four, but more often three or less. However, many of the HSE or HSE-funded centres (Section 38) continue to have larger numbers of residents accommodated in one sleeping area. HIQA submitted March 30th a list of nursing homes to the HSE and the Department of Health where the premises pose a significant risk in the context of the spread and or management of COVID-19.

Registered providers are not a homogenous group, they vary from:

- stand-alone sole traders or partnerships running small centres (40 or less beds)
- small companies that run single centres (40 or less beds)
- larger companies or groups of companies that run multiple centres of varying size.

In the context of the current pandemic, HIQA has identified that the greatest risk is that private providers have no formal clinical or executive links with the HSE. Furthermore, their established staffing levels, skill mix and competencies are not commensurate with what is required to deal effectively with the escalating care needs of residents during the COVID-19 outbreak.

Those at greatest risk are small providers who do not have access to: (a) a group nursing home structure, and (b) a large work force. These providers are extremely vulnerable to knowledge and equipment deficits, as well as staffing shortages. In addition, the physical premises in which a nursing home is accommodated may significantly increase the risk by failing to contain an outbreak of COVID-19 or contributing to its spread.

The level of compliance with key regulations provides an insight into the number of centres that may be a concern. Such regulations as regards designated centres for older persons include those focused on infection control, residents' rights (in the context of adequate personal space), access to belongings (in the context of adequate personal space), risk management, end-of-life care and premises. HIQA reported March 30th 212 nursing homes that were at risk should they have an outbreak of COVID-19.

Designated centres for children and adults with a disability — There are currently 1,294 registered designated centres providing 8,954 residential places for people with disabilities. However, providers also provide a broad range of other residential services that do not meet the designated centre criteria set out in Section 2 of the Health Act 2007, such supporting people to live independently, support to people with disabilities in their family home, and shared care and support arrangements. HIQA does not regulate these additional services and therefore does not have information on same.

Centres are primarily either operated by the HSE or funded by the HSE through Section 38 or Section 39 of the Health Act 2004. Community-based centres may be configured as stand-alone houses or a group of houses together. Those designated centres most at risk in a COVID-19 outbreak are congregated settings with 10 or more residents and may be a large stand-alone premises or consist of a number of centres on a campus. HIQA escalated to the Department of Health a list of small providers with less than 10 designated centres who, we believe, are likely struggle to deploy additional resources to assist with infection control and respond to an outbreak of COVID-19.

In relation to all designated centres, HIQA identified that the risks inherent in the management of an actual or suspected outbreak of COVID-19 are linked to these key issues:

- timely access to testing
- timely reporting of result
- effective isolation and or controlled cohorting of residents
- public health advice and support
- availability of professional healthcare and support staff
- access to infection control advice
- access to personal protective equipment (PPE)

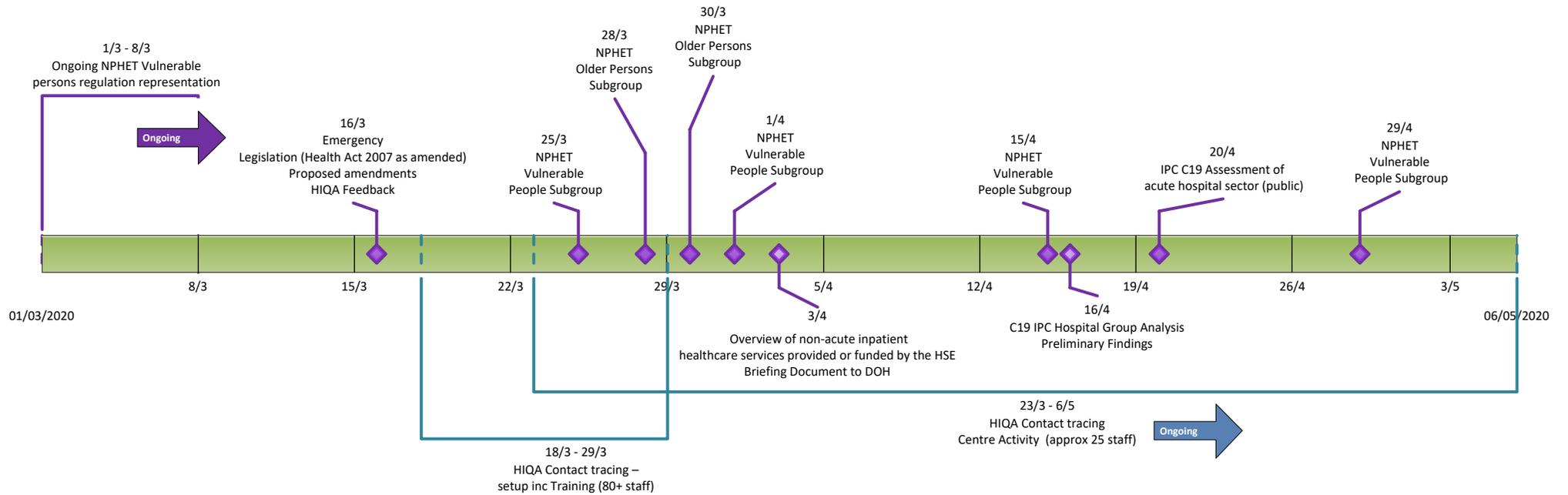
HIQA also identified the requirement for a national HSE response, and the need for supporting governance and operational arrangements to be put in place in each CHO area to support to the private designated residential sector.

Mandatory notifications.

HIQA reports the following information on a daily basis the DOH, HSE and HPSC

- the number of suspected COVID-19 cases in residents and staff in individual centres
- the number of confirmed COVID-19 cases in residents and staff in individual centres
- the number of deaths in all designated centres

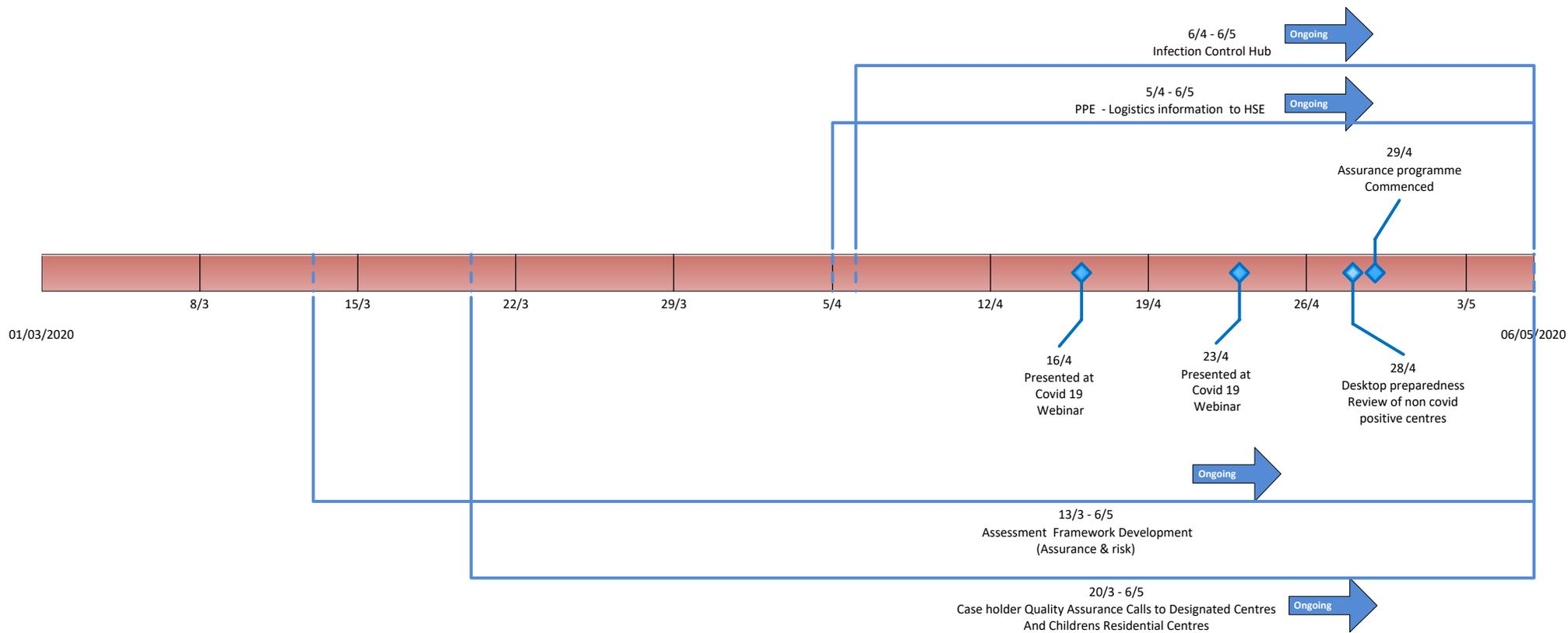
3. Covid 19 – Regulation input



From the onset of the public health emergency, HIQA has been represented on the National Public Health Emergency Team (NPHEM) and NPHEM’s sub group for vulnerable persons. HIQA initially participated on a NPHEM nursing home sector working group; however, after two meetings HIQA was informed on 30 March 2020 that NPHEM would now be addressing this sector.

In addition, in mid-March, HIQA set up a contact tracing centre, and has been facilitating Level 1, 2 and 3 calls to people with confirmed COVID-19 and their contacts.

4. Support for the sector through Regulation



It became evident early on in this public health emergency that the HSE did not have full information on the private nursing home sector. To facilitate the distribution of PPE, HIQA provided the HSE with the addresses of all public and private nursing homes, as well as details on the number of residential beds and staffing levels.

In addition, both the HSE and the Department of Health were facilitated to use HIQA's online notification system to ensure the timely distribution of key information to the providers of designated centres, including the DOH mortality census questionnaire.

At the onset of this pandemic, HIQA developed a quality assessment process whereby all designated centres and children's residential centres are formally contacted on a fortnightly basis by an inspector of social services to assess how they are coping, the welfare of the resident, any concerns they have, and any deficits identified in their ability to sustain a safe, high-quality service.

To support designated centres and children's residential centres HIQA set up an Infection Prevention and Control Hub providing support to providers and staff via email and phone. (Appendix A).

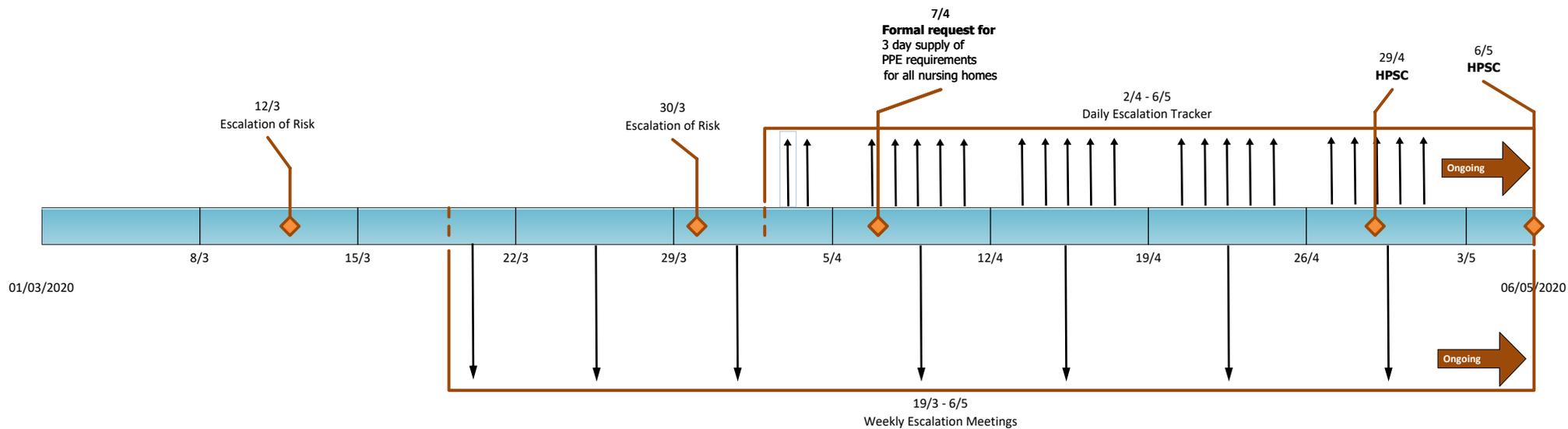
This support, guidance and or advice includes:

- outbreak preparedness
- outbreak management advice (for example, resident placement, cohorting and special measures where isolations is not possible, transmission and standard precautions)
- understanding HSE advice and its applicability to specific centres
- general support on infection control issue.

It became apparent that providers who had effective preparedness arrangements in place, effectively supported by the public health and crisis management teams in each CHO area, were better prepared to control suspected and or confirmed COVID-19 cases. HIQA issued contingency guidance to providers, and also introduced an ongoing assessment process to establish whether providers of designated centres without COVID-19 have a clear contingency plan in place, and know how to seek the external supports that are required to contain an outbreak. Appendix B details this regulatory framework.

5. Escalation of Risk

TO: DOH/SE/HPSC/NAS



Risk escalation:

1. As mentioned above, on a daily basis, HIQA collates the number of designated centres with:
 - confirmed cases of COVID-19 in residents and staff
 - suspected cases of COVID-19 in residents and staff.

This information is received through mandatory notifications, and is in addition to the unsolicited information received from members of the public, care staff, etc., solicited information received through our established provider assurance processes, and the regulatory history of a provider. All of this information is risk assessed by inspectors of social services and when appropriate escalated to:

- the HSE
 - The Department of Health.
2. In addition, through engagement with registered providers, HIQA escalates actual or potential risk when appropriate to the Crisis Management Teams in each CHO area.
 3. On a weekly basis, HIQA meets the HSE's community operations to formally discuss ongoing issues and escalate risk as appropriate.
 4. The number of deaths in all designated centres

Specific issues escalated to the responsible agencies in relation to suspected or confirmed COVID-19 in designated centres throughout this crisis include:

- poor availability of PPE and oxygen
- requirement of base line PPE to be made available in all nursing homes
- lack of sufficient nursing and support staff
- lack of senior healthcare advice and support, relating to:
 - public health
 - infection control
 - gerontology
 - general practice
- poor availability of testing and timely reporting of the results
- diminished availability of essential supplies
- suspected non-adherence to public health guidance
- insufficient guidance on admission criteria of patients from the acute sector to COVID-19 positive centres.

Increasingly, registered providers are recognising the detrimental effect that social isolation and a lack of contact with close family members is having on the quality of life of residents, with one provider raising concern that their “residents might be protected from COVID-19 but they will die of isolation”.

It is important to note that the providers of nursing homes do not have the requisite infection control and public health expertise to address these complex issues. Providers are now grappling with the question of how to safely open their centre or part of their centre, considering options such as time-limited visiting, social distancing and the use of clear Perspex dividers to allow residents to safely connect with their families or significant others.

As the testing of residents and staff in designated centres progress and an increasing number of centres are identified as having no or limited numbers of COVID-19 positive residents, it may be timely to consider reviewing the HSE’s 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 to advise providers on when and how to allow relatives and close friends to visit their loved ones in line with best public health practices.

Appendix A

HIQA Infection Prevention and Control Hub

Purpose

The purpose of the HIQA Infection Prevention and Control Hub is to provide support and assistance to the providers and staff of centres under HIQA's remit. The hub was set up in response to the COVID-19 pandemic and is staffed by subject matter experts from healthcare, older persons and disability teams with experience in infection control delivering services and regulating designated centres.

Services

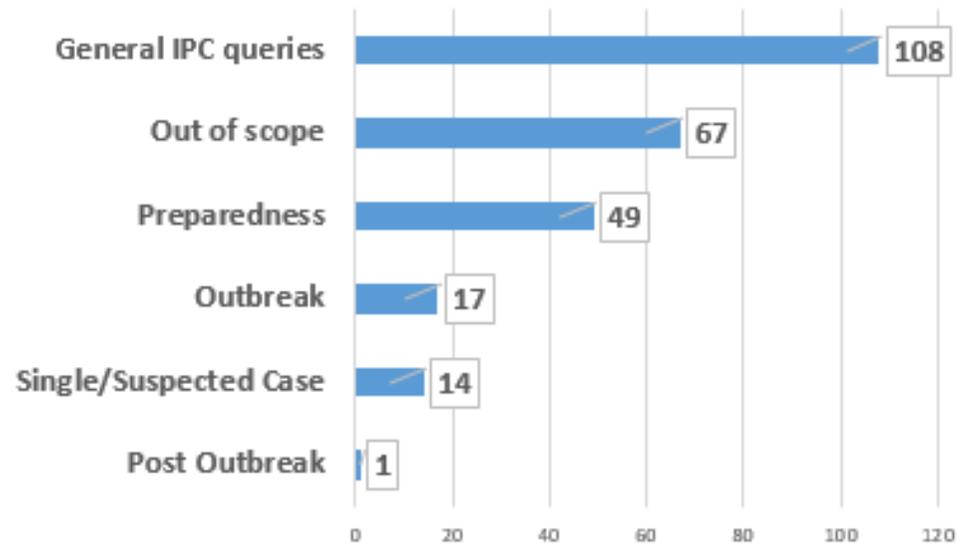
The Hub offers support, guidance and or advice on:

- outbreak preparedness
- outbreak management advice (for example, resident placement, cohorting and special measures where isolations is not possible, transmission and standard precautions)
- understanding HSE advice and its applicability to specific centres
- general support on infection control issues.

Advice is offered via email and phone. All information received is reviewed and escalated to the HSE.

The Hub was launched on Monday, 6 April 2020 and in the first three weeks has had 256 interactions with 200 designated centres. The most popular method to contact the Hub is via telephone with 72% of all interactions via telephone. Below is a chart which demonstrates the breakdown of each interaction by type.

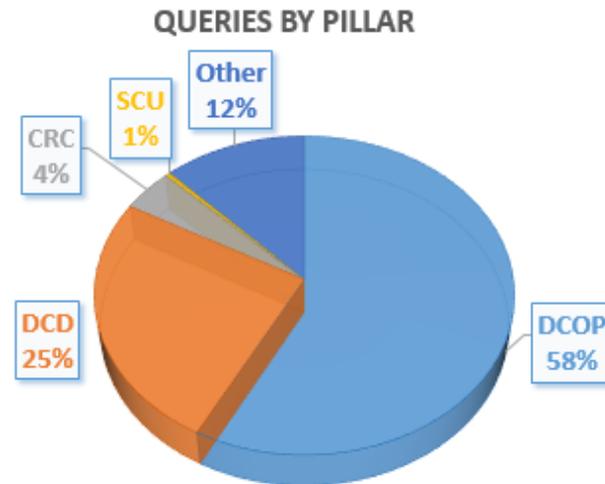
Breakdown of queries by type (Total = 256)



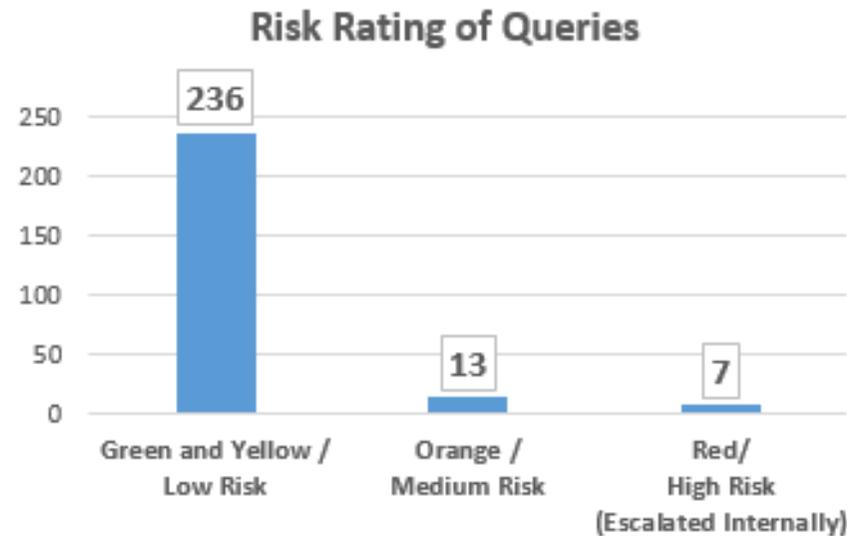
A further analysis of these queries by type illustrates the most common themes of the queries received to date (The below table excludes queries that are out of scope).

Theme of interactions	Totals
Signpost to resources/published guidance	54
PPE — general	31
Signpost/guidance on NF02	22
PPE — Use of Masks	20
Other	19
Reassurance of measures taken	15
Staff — allocation/rostering/isolation	16
Discharge/admittance to centre	12
Totals	189

The majority of requests for support have come from designated centres for older people (DCOP). Chart 3 shows the breakdown of queries by pillar. "Other" relates to services outside our regulatory remit or where the caller did not wish to give the name of the organisation. (I.e. SCU – Special Care Unit / DCD- Disability residential centre / CRC- Children’s Residential Centre / DCOP – Older person designated centre)



The subject matter experts risk rate every interaction; 20/256 interactions were risk rated orange (medium risk) or red (high risk). All high risk issues were escalated to the specific case holding inspector and dealt with.



Appendix B

Summary of findings from COVID-19 assessments carried out on or after 29 April 2020

Data as of 5 May 2020

On 29 April, the assessment of compliance for contingency planning assessments in designated centres for older people commenced. Reports on 37 assessments have been issued to providers as of 4:30pm on 5 May 2020. Overall, the results of these assessments are positive. Table 2 and figure 1 below are the regulatory judgments for all assessments

Table 2: Regulatory judgments

Regulation	Compliant	Not compliant	Substantially compliant	Grand total
Regulation 10: Communication difficulties	34		1	35
Regulation 11: Visits	35			35
Regulation 13: End of life	3			3
Regulation 14: Persons in charge	36			36
Regulation 15: Staffing	29	1	7	37
Regulation 16: Training and staff development	32		5	37
Regulation 17: Premises	2			2
Regulation 18: Food and nutrition	2			2
Regulation 23: Governance and management	28	3	6	37
Regulation 25: Temporary absence or discharge of residents	1			1
Regulation 26: Risk management	35		2	37
Regulation 27: Infection control	33	1	3	37
Regulation 29: Medicines and pharmaceutical services	2			2
Regulation 31: Notification of incidents	31	1	2	34
Regulation 4: Written policies and procedures	30		3	33
Regulation 5: Individual assessment and care plan	34		2	36
Regulation 6: Health care	37			37
Regulation 7: Managing behaviour that is challenging	35		2	37
Regulation 8: Protection	34			34
Regulation 9: Residents' rights	34		2	36

Figure 1: Regulatory judgments

