



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation and Monitoring
of Social Care Services

Guidance on submitting notifications in accordance with the Lexicon for Social Care

Guidance for registered providers and persons in charge of
designated centres

April 2024

Safer Better Care

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About this document

This document is issued by the Chief Inspector in the Health Information and Quality Authority (HIQA) to guide registered providers (hereafter referred to as 'provider') in submitting statutory notifications in accordance with the Lexicon for Social Care.

This guidance is intended primarily for providers of designated centres for older people (nursing homes), designated centres for adults and children with a disability and children's special care units. The focus is to support providers and persons in charge in using consistent and appropriate language to when submitting statutory notifications.

This guidance should be used in conjunction with other reference materials issued by the Chief Inspector and available on the HIQA website: www.hiqa.ie. The most relevant documents are listed below. Click the link to access the documents (**Please note:** that web links can sometimes change and the documents are regularly updated. If a link is broken you can simply enter the document title into a search engine or search for it on the HIQA website homepage www.hiqa.ie).

| Useful additional documents for reference |
|---|
| Monitoring notifications handbook - Guidance for registered providers and persons in charge of designated centres for older people |
| Monitoring notifications handbook - Guidance for registered providers and persons in charge of designated centres for persons children and adults with disabilities |
| Monitoring notifications handbook - Guidance for persons in charge of children's special care designated centres |
| Regulation Handbook |
| Guidance on managing notifiable events in designated centres |
| National Standards for Residential Care Settings for Older People in Ireland |
| National Standards for Residential Services for Children and Adults with Disabilities |
| Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 |
| Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 |
| Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017 |

1. Introduction

Accidents and adverse events sometimes occur during the course of providing health and social care services. In Ireland, any service that is a 'designated centre' as defined in the Health Act (2007)¹ is required to notify the Chief Inspector, should certain specified events occur. These are known as statutory notifications.

There are two categories of statutory notification: those that are required to be submitted within three days of occurrence and those that are required to be reported on a quarterly basis (every three months). Three-day notifications generally refer to higher-risk events such as serious injury or allegations of abuse. Quarterly notifications tend to be notifications about less-serious events such as expected deaths or minor injuries.

For the most up-to-date information on which statutory notifications apply to your designated centre, how to determine if an event meets the criteria for notification and how to submit, please visit www.hiqa.ie.

| Overview of Statutory Notification Types | |
|---|---|
| Three day notifications | Quarterly notifications |
| <ul style="list-style-type: none"> ▪ the unexpected death of any resident ▪ an outbreak of any notifiable disease ▪ any serious injury to a resident which requires immediate medical and/or hospital treatment ▪ any unexplained absence of a resident from the designated centre ▪ any allegation, suspected or confirmed, of abuse of any resident ▪ any allegation of misconduct by the registered provider or by a staff member ▪ any occasion where the registered provider becomes aware that a member of staff is the subject of review by a professional body ▪ any fire, loss of power, heating, water, or any incident of unplanned evacuation of the designated centre. | <ul style="list-style-type: none"> ▪ any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used ▪ any occasion on which the fire alarm equipment was operated other than for the purpose of fire practice, drill or test of equipment ▪ where there is a recurring pattern of theft or burglary ▪ any injury to a resident not required to be notified as a serious injury ▪ any deaths, including cause of death, not required to be notified as an unexpected death ▪ pressure ulcer (grade 2 or higher) sustained by a resident/resident(s). |

¹ At the time of writing, designated centres include nursing homes, residential disability services and some services specifically for children.

2. The importance of a lexicon

The use of consistent language is important when communicating information. It can sometimes cause confusion if people use multiple different terms or phrases when referring to the same thing. Similarly, words and phrases that are deemed appropriate can change over time. This may occur if a word or phrase is seen as offensive or outdated to some people. For example, words such as 'mental retardation' or 'handicapped' were words previously used in reference to people with a disability but are now discouraged.

Fields such as medicine have standardised the use of language by developing lexicons or terminology lists. For example, the Systemized Nomenclature of Medicine – Clinical Terms (SNOMED-CT; <https://www.snomed.org/>) is a list of words and definitions that have been developed by experts in the field. Clinical practitioners are then encouraged to use the accepted SNOMED-CT terms in their documentation and records. This provides for consistent use of language and also allows for information to be processed more readily for reporting or research purposes.

There is no comparable list of terms for use in social care. As a regulatory authority receiving statutory notifications for more than 10 years, we have observed a need for more standardised language when describing incidents that occur in designated centres. It is for this reason that we chose to commence the development of a lexicon for social care and to start with terms relating to statutory notifications. It is anticipated that the lexicon will expand further over time to include terms for all aspects of social care.

3. Lexicon development process

The lexicon was developed over the course of the years 2022 and 2023 and involved multiple stages:

1. Establishment of a lexicon development team

A team of three researchers with experience in standardised terminology, health and social care services research and public engagement, was established.

2. Identification of currently-used social care terms in statutory notifications in Ireland

- Key documents such as legislation, regulations and regulatory guidance documents were searched and terms extracted.
- Terms used in the [Database of Statutory Notifications from Social Care in Ireland](#) more than 1000 times were also extracted.

3. Establishment of an expert group

An expert group comprised of service users, academics, service providers, regulatory staff, advocacy groups and those with experience in developing

terminologies was established for the purposes of selecting and agreeing on terms for inclusion in the lexicon.

4. **Agreement of inclusion of terms**

The expert group were asked to consider each of the terms identified in step 2 above and indicate whether they felt it should be included in a lexicon for social care. Terms were included where there was greater than 80% agreement for inclusion by the expert group.

5. **Sourcing of definitions for currently-used terms**

The lexicon development team searched for suitable definitions for the terms agreed for inclusion. Academic sources, dictionaries and Irish legal sources such as legislation or regulations were searched to identify existing definitions. The project team drafted definitions where none existed.

6. **Agreement of definitions**

All of the terms agreed for inclusion and their proposed definitions were circulated to the expert group. Members were asked to indicate their agreement with the definition, or, where they disagreed, to suggest an alternative. Where there were multiple terms that referred to the same concept, the expert group were asked to rank the terms in order of preference. Definitions and preferred terms were included where there was greater than 80% agreement for inclusion by the expert group.

7. **Final agreement**

The feedback received in step 6 was used to edit the definitions for terms where agreement had not been reached. This short list was circulated to the expert group who were again asked to indicate their agreement. This was repeated until agreement at greater than 80% was reached for all terms.

On completion of the above steps the Lexicon for Social Care was compiled into a document that lists all of the lexicon terms and definitions. The Lexicon for Social Care can be found and downloaded [here](#). The Lexicon for Social Care was also converted into a searchable webpage. This can be found [here](#).

4. **Submitting notifications using the lexicon**

The Office of the Chief Inspector asks that all providers of designated centres use the Lexicon for Social Care as a reference when submitting statutory notifications. Using the lexicon terms will support clear and consistent communication between designated centres and the inspectors with responsibility for oversight of those services.

In the first instance, it may be useful to read through the Lexicon for Social Care and become familiar with the types of terms that are included in the document. This will help give an overview of the material that is included and not included. For example, we chose not to include any terms which may be considered medical or clinical in

nature as these are contained in other list of terms such as SNOMED-CT. This means that descriptions of diseases or anatomical features are not in the Lexicon for Social Care.

On reading the terms in the lexicon you will notice that it is structured in a similar fashion to a dictionary. It is organised according to 24 themes, each of which contains a varying number of terms. Underneath each term entry there is a definition. Some terms included in the lexicon also list other terms or phrases (found below the definition in 'Alternative term(s) not to be used') which are sometimes used. Consider restrictive practices by way of example. There are many words and phrases which can be used to refer to broadly the same thing such as 'restraint' or 'restrictive procedure'. In such cases, the term included in the lexicon is the preferred term and use of words or phrases in 'Alternative term(s) not to be used' should be avoided.

Below is an example of an entry in the lexicon:

Healthcare assistant (HCA)

A specific role in health and social care services which involves assisting with general duties and basic care.

Alternative term(s) not to be used

HCA; care assistant

The Office of the Chief Inspector views the lexicon as an important tool for improving communication between service providers and the regulator. As such, communications from HIQA will also be guided by the lexicon. Our inspectors will be encouraged to use the lexicon in communications with providers and in inspection reports.

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